U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 943 9	2. Fiscal Year Covered From			
- 026065	01/01 /2004 Through 12 /31 /2004			
3 Name and address of person filing	4 Name, file number, and address of labor organization			
Name Timothy Meadows	Name Teamsters Local 600			
	Labor Organization File Number 026065			
PO Box Bldg Room No if any	PO Box Building and Room Number, if any			
Street 1027 Canterbury Circle	Street 161 Weldon Parkway			
City Imperial	City Maryland Heights			
State MO 63052 ZIP Code + 4	State MO 63043 ZIP Code + 4			
5 Position in labor organization Trustee				

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of nonetary value from an employer whose employees your organization represents or is actively seeking to represent					
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income				
Name					
Trade Name If any					
PO Box Bldg Room No If any					
	7 b Amount.				
Street					
City					
State ZIP Code + 4					

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)							
Signed Vin Radox	on 8/8/05	314-388-4400					
		Telephone Number					

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a

C. Received from any employer (other than an employer covered under parts A and B above)

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name, if any) 9 Business deals with Name a Labor Organization Trade Name if any **b** Trust PO Box Bldg , Room No , if any c Employer Street City ZIP Code + 4 State 11 a. Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any PO Box, Bldg , Room No , if any Street 11 b Approximate dollar value of such dealing City 12 a, Nature of interest held or income received State ZIP Code + 4 12,b. Amount

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.
Name Diekemper, Hammond, Shinners, Turcotte & Larrew, P.C. Trade Name, if any	for services rendered for minor child, Eric T. Meadows
PO Box Bldg , Room No , if any	
Street 7730 Carondelet AVe., Suite 200	
Clayton	
State MO ZIP Code + 4 63105	
13 b Is the Business an Employer or Consultant XX ?	14 b Amount of payment \$75.00

CAPITOL OFFICE

State Capitol
201 West Capitol Avenue
Jefferson City, MO 65101-6806
Tele 573-751-1311
Fax 573-751-5409
E-Mail
tim meadows@house mo gov

DISTRICT ADDRESS

1027 Cantebury Circle Imperial, MO 63052 Tele 636-461-1217 E-mail ctmeadows@sbcglobal net



TIM MEADOWS State Representative - District 101

COMMITTEES

Appropriations—Public Safety &
Corrections
Crime Prevention & Public Safety
Transportation
Joint Committee on
Government Accountability

⊕€

August 8, 2005

U. S. Department of Labor Employment Standards Administration Office of Labor-Management Standards 200 Constitution Avenue N.W. Room N-5616 Washington, D.C. 20210

To Whom It May Concern:

My name is Timothy G. Meadows. I am a Missouri State Representative and I am also a Trustee, Business Representative, and Organizer with Teamsters Local 600 in the St. Louis, Missouri area.

I ran for my State Representative Office in February of 2004. I had to run again in November 2004. As you can see I have been successful in my endeavors.

This is my first time ever filling out an LM-30 report and I am not sure just exactly what information that I should submit. I am enclosing all my information in regards to public disclosure. In the State of Missouri I am required by law to disclose every contribution and all expenditure information. Likewise, all registered lobbyist are required to report any expenditure when purchasing meals, etc. for legislators.

I have enclosed these reports for your viewing. I sincerely hope that this information will be helpful. During 2004 I cannot recall receiving anything from any employer of which I have members that I represent.

August 8, 2005 Page two

I thank you and if you have any questions please feel free to contact me.

Respectfully,

Tim Meadows

Vin Madors

State Representative

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Robert F. Connor Executive Director



Home | Login | I

Campaign Finance | Lobbying | Personal Financial Disclosure | Complaints/Conflict of Interest | Electro Filing

MEC Home	Go Back	New Sear	rch		REPORTS LIST	ΈD
Search Campaign Finance		CANDIDAT	E		Date Established:11 Date Terminated:	/10
Committees	COMMITTEE	: MECID: <u>C03</u>	3124	<u>0</u>		
Search by		CITIZENS I	FOR	TIM MEADOW	S	
Election Year for		1027 CANTE	E BU	RY CURICLE		
Candidates		IMPERIAL N	MO 6	53052		
		TELEPHON	E:	(636) 461-1217		
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Candidates)		WORK PHO		020		
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Brochures &		HOME				
General		PHONE:	-	6) 461-1217		
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Limits for 2004-		TELEPHONE:	•	•		
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Commission		Date of Election		. ,		
Campaign Finance Opinions	·	Political Party:	D	EMOCRAT		
Calendars						
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	Electronically Filed Reports					
I.D.	Report		DateR			
13719	30 DAY AFTER GENERAL ELECTION	ν.	11/30			
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			· - ·			

Missouri Ethics Commission

Monthly Reporting Expenditures

REPRESENTATION	e viet. jejsky	S. Thy		
Expenditures Lobbyist Name	Date	Description	Amended Report	Reported Amount
Wiles Richard C	2/10/2004	Meals Food, & Beverage	Not Amended	\$28 54
Wiles Richard C	2/16/2004	Meals Food & Beverage	Not Amended	\$8 00
Taylor, Gregory	2/25/2004	Meals, Food, & Beverage	Not Amended	\$48 82
Fajen Otto	2/28/2004	Meals Food & Beverage	Not Amended	\$12 00
Kıssell, Don R	3/4/2004	Media & Other Advertising	Not Amended	\$26 95
Nicholson, Mel	3/24/2004	Meals, Food, & Beverage	Not Amended	\$7 50
Wilson, Robert W	4/15/2004	Meals, Food & Beverage	Not Amended	\$1 15
Gallagher Sean	5/12/2004	Meals, Food, & Beverage	Not Amended	\$5 00
Maggard A Gene	8/24/2004	Meals Food, & Beverage	Not Amended	\$4 75
			Expenditure Total	\$142 71



Missouri Ethics Commission

COMMITTEE DISCLOSURE	REPORT C	OVER PAGE		2 /22 /2004		
M E C ID N	o		3/31/2004]		
INSTRUCTIONS ON REVERSE SIDE						
2 FULL NAME OF COMMITTEE					L	
CITIZENS FOR TIM MEADOWS						
3 COMMITTEE MAILING ADDRESS			4 COMM	MITTEE TELEPHONE N	UMBER	
1027 CANTEBURY CURICLE						
CITY / STATE / ZIP			(636) 461 1217		
IMPERIAL MO 63052						
5 TREASURER S NAME				······	· · · · · · · · · · · · · · · · · · ·	
EDWARD P POLSTER						
6 TREASURER'S MAILING ADDRESS			7 TREAS	SURER'S TELEPHONE	NUMBER	
2529 FOUNTAIN OAKS RD			HOME (636) 337 7870		
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8 DEPUTY TREASURER'S NAME CHECK IF NO	DEDUTY TOE	ACHDED				
LYN B POLSTER	DEPOIT IKE	ASUKEK				
9 DEPUTY TREASURERS MAILING ADDRESS			10 DEDI	JTY TREASURER'S TE	EDUONE NUMBER	
2529 FOUNTAIN OAKS RD DESOTO MO 63020					LEPHONE NUMBER	
			HOME: (636) 337 7870		
			WORK			
11 DATE OF ELECTION	12 TYPE OF	ELECTION (CHECK	ONE)			
8/3/2004		O PRIMARY	0	GENERAL	O SPECIAL	
13 TIME PERIOD COVERED BY THIS STATEMENT						
FROM 2/28/2004		THROUGH 3/31/20	04			
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATES		15 TYPE OF REPOR	T T	·		
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REPUBLICAN DEMOCRAT		 -			, 20	
16 COMMITTEE TREASURER'S SIGNATURE		17 CANDIDATES SI	GNATUR	E (CANDIDATE COM	MITTEES ONLY)	
I CERTIFY THAT THIS REPORT COMPRISED OF THIS C PAGE AND ALL ATTACHED FORMS IS COMPLETE TRU ACCURATE				PORT COMPRISED OF DIFORMS IS COMPLET		
ELECTRONICALLY FILED Apr 12 2004 6 00PM		ELECTRON1	CALLY F	ILED Apr 12 2004	6 00PM	
TREASURED & SIGNATURE		CANDIDATE				

1 DAT FREPORT OFFICE USE ONLY



NAME OF COMMITTEE

CITIZENS FOR TIM

MEADOWS

DATE OF REPORT 3/31/200

OFFICE USE

STATEMENT OF RECEIPTS A THIS PERIOD **B THIS ELECTION BEGINNING AND ENDING** TOTAL RECEIPTS FOR THIS ELECTION FINANCIAL CONDITION PREVIOUSLY REPORTED 0 00 ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD 600 00 MONEY ON HAND ALL LOANS RECEIVED THIS PERIOD +\$ 0 00 25 MONEY ON HAND AT THE BEGINNING OF MISCELLANEOUS RECEIPTS THIS PERIOD THIS REPORTING PERIOD (INCLUDING + \$ 1 160 00 FUNDS IN DEPOSITORY CASH SAVINGS \$ 0.0 **SUBTOTAL MONETARY RECEIPTS THIS** ACCOUNTS AND ALL OTHER PERIOD (SUM 2A + 3A + 4A) 1 760 00 200 INVESTMENTS) IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD + \$ 0 00 MONETARY RECEIPTS THIS PERIOD +\$1,760 00 (FROM ITEM 5) TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)1 760 00 FUNDS USED FOR REPAYING LOANS THIS MONETARY DISBURSEMENTS MADE PERIOD THIS PERIOD SUW 11 + 17 + 24) \$ 0 00 17 \$ 647 TOTAL ALL RECEIPTS THIS ELECTION a) Disbursements By Check \$ i dell m (SUM 1B + 7A 8A) 1 760 00 b) Disbursements By Cash \$ **EXPENDITURES** THIS PERIOD **B THIS ELECTION** MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD 1,112 83 10 TOTAL EXPENDITURES FOR THIS (SUM 25 + 26 27) **ELECTION PREVIOUSLY REPORTED** 0 00 É EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD **INDEBTEDNESS 有一种,** 12 IN-KIND EXPENDITURES MADE THIS **PERIOD** 0 00 +\$ DEBTS INCURRED THIS PERIOD (NOT 製造。アンバ INCLUDING LOANS) + \$ 0 00 OUTSTANDING INDEBTEDNESS AT THE 0 00 BEGINNING OF THIS PERIOD TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A) 647 17 TOTAL EXPENDITURES THIS ELECTION l Mi (SUM 10B + 14A) LOANS RECEIVED THIS PERIOD +\$ 00 **CONTRIBUTIONS MADE** THIS PERIOD **B THIS ELECTION** 16 TOTAL CONTRIBUTIONS MADE FOR THIS **ELECTION PREVIOUSLY REPORTED** 325 00 NEW DEBTS INCURRED THIS PERIOD + \$ 00 ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD 0.00 32 ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD 0 00 +\$ PAYMENTS MADE ON LOANS THIS \$ 00 0 PERIOD **TOTAL ALL CONTRIBUTIONS MADE THIS** 178 PERIOD (SUM 17A + 18A) 0 00 TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A) 神控制心臟 325 00 CREDITS RECEIVED ON LOANS THIS \$ 00 **PERIOD** OTHER DISBURSEMENTS A THIS PERIOD **B THIS ELECTION** FUNDS USED FOR REPAYING LOANS THIS PERIOD 0 00 +\$ PAYMENTS MADE THIS PERIOD ON 00 DEBTS INCURRED IN PREVIOUS PERIOD PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED 0 00 + \$ ANY MISCELLANEOUS DISBURSEMENT TOTAL INDEBTEDNESS AT THE CLOSE NOT REPORTED ELSEWHERE 0 00 + \$ OF THIS REPORTING PERIOD 00 TOTAL OTHER DISBURSEMENTS THIS (SUM 29 + 30 + 31 32 33 34) PERIOD (SUM 21A + 22A + 23A) 0 00



MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE	2 REPORT DATE	<u>.*</u>
CITIZENS FOR TIM MEADOWS	3/31/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
MORE THAN \$100 TO A COMMITTEE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN KIND)
NAME		
ADDRESS Plumbers and Pipefitters Fund	2 /27 /2004	\$ 300 00
CITY/STATE 12385 Larimore Rd	3/27/2004	<u> </u>
EMPLOYER St Louis, MO 63138	\$ 0	MONETARY
COMMITTEE	Ψ	L_ IN KIND
NAME		1 *
ADDRESS DRIVE Committee Political Fund	3/31/2004	\$ 300 00
CITY/STATE 25 Louisiana Ave NW	.,,	[77]
EMPLOYER Washington DC 20001	\$ 0	MONETARY
COMMITTEE	<u> </u>	☐ IN KIND
NAME ADDRESS		l s
CITY/STATE		Ι Ψ
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ADDRESS		\$
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EMPLOYER	\$	MONETARY
COMMITTEE		IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 600 00
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+\$ 0 00
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 600 00
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 600 00
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 0 00
B NON ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISFRS AS REPORTED INLINE 8 ON FORM	CD1A	\$ 0.00
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0 00
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING	\$100 OR LESS	\$ 0 00
C LOANS RECEIVED	16 DATE	17 AMOUNT OF LOAN
15 NAME AND ADDRESS OF LENDER	RECEIVED	(IF MORE THAN \$100 ATTACH CD-1B)
NAME		
ADDRESS		
CITY / STATE		\$
NAME		
ADDRESS CITY / STATE		\$
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		Φ
20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)		\$ 0 00 \$
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0 00
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		œ.
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & AD	DRESS (SUM 9 13 & 20)	Φ.
		5 600 00



MISSOURI ETHICS COMMISSION FUND RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C031240



STATEMENT OF FUND RAISING ACTIVITY OR EVENT			
1 NAME AND ADDRESS OF CANDIDATE OR (OMMITTEE FOR WHOM FUNDS WERE RAISED			
CITIZENS FOR TIM MEADOWS			
2 LOCATION OF ACTIVITY OR EVENT NAME AND ADDRESS			
3 DESCRIPTION OF ACTIVITY OR EVENT AND FUND RAISING METHODS USED			
o besonin them of the first of the first we mean of the first of the f			
4 DATE OF ACTIVITY OR EVENT 6 NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT			
5 NUMBER OF PARTICIPANTS			
0			
RECEIPTS FROM ACTIVITY OR EVENT	Д	7 AMOUNT	
8 TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED	\$	0 (00
9 TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS	\$	0 (00
10 GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)	1		
	 \$	0 (00
11 EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED			
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14 TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT	\$	0 (00
	140		



MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE NAME OF COMMITTEE 2 REPORT DATE CITIZENS FOR TIM MEADOWS 3/31/2004 **EXPENDITURES OF \$100 OR LESS BY CATEGORY** 4 AMOUNT PAID OR (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW) INCURRED THIS PERIOD 3 CATEGORY OF EXPENDITURE \$ withdrawal and refiling of name change 72 00 \$ 5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4) 72 00 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES + \$ 0 00 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6) \$ 72 00 10 PURPOSE (I **ITEMIZED EXPENDITURES ALL OVER \$100** PAYMENT WAS TO A 11 AMOUNT THIS PERIOD 9 DATE AND ALL PAYMENTS TO CAMPAIGN WORKERS CAMPAIGN WORKER SHOW 8 NAME AND ADDRESS OF RECIPIENT AGGREGATE PAID) NAME Jefferson County Democratic Central Comm ad for Jeff Co 150 00 110 Main St Z PAID **ADDRESS** 3/17/2004 Festus MO 63028 CITY / STATE 0.00 INCURRED NAME Rock Newspaper AD 200 00 ✓ PAID POBox 1038 ADDRESS 3/4/2004 Arnold MO 63010 0 00 CITY / STATE **INCURRED** NAME Trio graphics Printing printing 225 17 3620 Jeffco Blvd Box 310 **✓** PAID ADDRESS 3/27/2004 Arnold MO 63010 0 00 INCURRED CITY / STATE S NAME **ADDRESS** PAID \$ CITY / STATE INCURRED NAME ADDRESS PAID S CITY / STATE INCURRED 12 SUBTOTAL THIS PAGE (SUM COLUMN 11) 575 17 13 SUBTOTAL ANY ATTACHED PAGES + \$ 0 00 14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12+13) 575 17 15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14) 647 17 \$ 16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD 575 17 17 AMOUNT OF LINE 15 WHICH WAS DEBT IN URRED THIS PERIOD \$ 0 00 18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD LIST AMOUNT \$ 0 00 19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B) 0 00 MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) 21 DATE 22 AMOUNT 20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE NAME ADDRESS CITY / STATE \$ NAME **ADDRESS** CITY / STATE \$ NAME **ADDRESS** CITY / STATE 23 SUBTOTAL THIS PAGE (SUM COLUMN 22) \$ 0 00 24 SUBTOTAL ANY ATTACHED PAGES +\$ 0 00 25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24) \$ 0 00 26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT \$ 0 00 27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26) \$ 0 00 28 IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT \$ 0 00



Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

COMMITTEE DISCLOSURE RI		ER PAGE	3/31/	²⁰⁰⁴	
MEC ID NO	C031240				
INSTRUCTIONS ON REVERSE SIDE					
2 FULL NAME OF COMMITTEE					
CITIZENS FOR TIM MEADOWS					
3 COMMITTEE MAILING ADDRESS	· · · · · ·		4 COMMITTEE	TELEPHONE NU	JMBER
1027 CANTEBURY CURICLE					
CITY / STATE / ZIP			(636) 4	61 1217	
IMPERIAL MO 63052]		
5 TREASURER'S NAME					·
EDWARD P POLSTER					
6 TREASURER'S MAILING ADDRESS			7 TREASURER	S TELEPHONE!	NUMBER
2529 FOUNTAIN OAKS RD			HOME (636) 3	.37 7870	
CITY / STATE / ZIP			WORK		
DESOTO MO 63020					
8 DEPUTY TREASURERS NAME CHECK IF NO DE	EPUTY TREASU	RER			
LYN B POLSTER					
9 DEPUTY TREASURERS MAILING ADDRESS 2529 FOUNTAIN OAKS RD DESOTO MO 63020					EPHONE NUMBER
2323 10002777 0110 102 520010 110 03020			HOME (636) 3	37 7870	
		İ	WORK		
11 DATE OF ELECTION 12	TYPE OF ELEC	CTION (CHECK	ONE)		
8/3/2004	O I	PRIMARY	C GENER	AL	O SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT		····			
FROM 2/28/2004	THE	ROUGH 3/31/20	004		
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATES NA		TYPE OF REPOR	RT		***************************************
ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISI POLITICAL PARTY	ION AND [15 DAYS AFTE	ER CAUCUS NON	MINATION	
TIM MEADOWS			QUARTERLY REF	ORT	
	\	Jan	n 15 🛮 📈 Apr 1		Oct 15
1027 CANTEBURY IMPERIAL MO 63052		8 DAYS BEFO 	RE		
(636) 461 1217		30 DAYS AFTE	ER ELECTION		
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REPUBLICAN DEMOCRAT		4/12/	2005		, 20 <u>04</u>
16 COMMITTEE TREASURER'S SIGNATURE	17	CANDIDATES SI	IGNATURE (CAI	VDIDATE COMM	IITTEES ONLY)
I CERTIFY THAT THIS REPORT COMPRISED OF THIS CO PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE ACCURATE	AND F		THIS REPORT C		
ELECTRONICALLY FILED Apr 12 2004 6 53PM		ELECTRONI	CALLY FILED A	pr 12 2004	6 53PM
TREASURER'S SIGNATURE		CANDIDATI	ES SIGNATURE		

1 DATE OF REPORT OFFICE USE ONLY



Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

CITIZENS FOR TIM

MEADOWS

DATE OF REPORT

3/31/200



			<u> </u>	A distribution	
RECEIPTS	A THIS PERIOD	B THIS ELECTION	STATEMENT O	· -	
TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00	BEGINNING AND E FINANCIAL COND		
ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 600 00	, par	MONEY ON HAND		
3 ALL LOANS RECEIVED THIS PERIOD	+\$ 000		MONETONTIAND		
4 MISCELLANEOUS RECEIPTS THIS PERIOR	+\$ 1 160 00	上到北京学习	25 MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEFOSITORY CASH SAVINGS	\$ 7 440 55	
5 SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 1 760 00	A Carry	ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 7,440 55	
6 IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 0 00	A THE A	26 MONETARY RECEIPTS THIS PERIOD	+\$1,760 00	
7 TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 1 760 00		(FROM ITEM 5)	**1,760 00	
FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ C 00	39.01	²⁷ MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	\$ 981 18	
9 TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A 8A)		\$ 1 760 00	a) Disbursements By Check \$	¥ 901 10	
EXPENDITURES	A THIS PERIOD	B THIS ELECTION	28 MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD	\$ 8,219 37	
10 TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED	3411	\$ 0.00	(SUM 25 + 26 27)	· 0,217 37	
11 EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$647_17	N.	INDEBTEDNESS		
12 IN-KIND EXPENDITURES MADE THIS PERIOD	+\$ 0 00		Model Love		
DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 0 00	**	29 OUTSTANDING INDEBTEDNESS AT THE	\$ 0.00	
14 TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 647 17	Andrew to the	BEGINNING OF THIS PERIOD	• 0 00	
15 TOTAL EXPENDITURES THIS ELECTION (SUM 108 + 14A)		\$ 647 17	30 LOANS RECEIVED THIS PERIOD	+\$ 0 00	
CONTRIBUTIONS MADE	A THIS PERIOD	B THIS ELECTION	EGNACH EGENES THIS TENIOS	- 0 00	
16 TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0.00	31 NEW DEBTS IN(URRED THIS PERIOD	+\$ 0 00	
17 ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 325 00		NEW DEDICATION ONNES THIS ENGLY	+\$ 0 00	
18 ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$ 0.00		PAYMENTS MADE ON LOANS THIS	\$ 0.00	
19 TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 325 00		PERIOD	\$ 0 00	
20 TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)			33 CREDITS RECEIVED ON LOANS THIS	\$ 0.00	
OTHER DISBURSEMENTS	A THIS PERIOD	B THIS ELECTION	PERIOD		
21 FUNDS USED FOR REPAYING LOANS THIS PERIOD	+\$ 0 00		PAYMENTS MADE THIS PERIOD ON	\$ 0 00	
PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$ 0.00		DEBTS INCURRED IN PREVIOUS PÉRIOD.	. 0 00	
23 ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+\$ 9 01	1.00	35 TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD	s 0 00	
²⁴ TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 9 01		(SUM 29 + 30 + 31 32 33 34)		



MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED

DEECE USE ONLY

INSTRUCTIONS ON REVERSE SIDE NAME OF COMMITTEE 2 REPORT DATE CITIZENS FOR TIM MEADOWS 1/31/2004 A ITEMIZED CONTRIBUTIONS RECEIVED DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PLRSONS GIVING (CHECK IF AGGREGATE TO MONETARY MORE THAN \$100 TO A COMMITTEE DATE OR IN-KIND) NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) Plumbers and Fipefitters Fund ADDRESS \$ 300 00 3/27/2004 CITY / STATE 12385 Larımor€ Rd **MONETARY** EMPLOYER St Louis MO 63 L38 \$ 0] IN KIND COMMITTEE NAME D R I V E Committee Political Fund ADDRESS \$ 300 00 3/31/2004 CITY / STATE 25 Louisiana Ave NW EMPLOYER MONETARY Washington DC 20001 0 \$ ✓ COMMITTEE IN KIND NAME ADDRESS \$ CITY / STATE EMPLOYER MONETARY \$ COMMITTEE IN KIND NAME **ADDRESS** \$ CITY / STATE **EMPLOYER** T MONETARY \$ COMMITTEE IN KIND NAME \$ ADDRESS CITY / STATE EMPLOYER MONETARY \$ IN KIND ☐ COMMITTEE \$ 6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5) 600 00 + \$ SUBTOTAL ITEMIZED CONTRIBUTIONS ANY AFTACHED PAGES 0 00 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) \$ 600 00 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS \$ 600 00 \$ 10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS 0 00 B NON ITEMIZED CONTRIBUTIONS RECEIVED AMOUNT RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS) \$ 11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED INLINE 8 ON FORM CD1A 0 00 \$ 12 TOTAL ANONYMOUS CONTRIBUTIONS RECFIVED FROM PERSON GIVING \$25 OR LESS 0 00 \$ 13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS CIVING \$100 OR LESS 0 00 TUTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS 0.00 17 AMOUNT OF LOAN C LOANS RECEIVED DATE (IF MORE THAN \$100 15 NAME AND ADDRESS OF LENDER RECEIVED ATTACH CO 18) NAME **ADDRESS** CITY / STATE NAME ADDRESS CITY / STATE 18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17) \$ 0 00 19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES \$ 0 00 20 TOTAL LOANS THIS PERIOD (SUM 18 + 19) \$ 0 00 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 + 14) \$ 0 00 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13) 600 00

MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)



MISSOURI ETHICS COMMISSION FUND RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C031240



STATEMENT OF FUND RAISING ACTIVITY OR EVENT		
1 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED		
CITIZENS FOR TIM MEADOWS		
2 LOCATION OF ACTIVITY OR EVENT NAME AND ADDRESS		
3 DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED		
4 DATE OF ACTIVITY OR EVENT 6 NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT		·- ·
5 NUMBER OF PARTICIPANTS		
0		
RECEIPTS FROM ACTIVITY OR EVENT	T	7 AMOUNT
8 TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED	\$	0 00
9 TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS	\$	0 00
10 GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)	1	0 00
11 EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED		
12 INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT	$\overline{\top}$	13 AMOUNT
	\$	
	1.	
	\$	<u></u>
	 \$	
	\$	
4 TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT	ls.	0 00



MISSOURI ETHICS COMMISSION **EXPENDITURES AND CONTRIBUTIONS MADE** INSTRUCTIONS ON REVERSE SIDE

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS				
A EXPENDITURES OF \$100 OR LESS BY CATEGORY	<u> </u>	3/31/2004	T	
(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BE	4 AMOUNT PAID OR INCURRED THIS PERIOD			
3 CATEGORY OF EXPENDITURE	INCORR	EU IHIS PERIOD		
withdrawal and refiling of name chang	je		\$	72 00
			\$	
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM CO	DLUMN 4)	·· ······	\$	72 00
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PA			+ \$	0 00
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6	3)		\$	72 00
B ITEMIZED EXPENDITURES ALL OVER \$100		10 PURPOSE (IF	 	
AND ALL PAYMENTS TO CAMPAIGN WORKERS 8 NAME AND ADDRESS OF RECIPIENT	9 DATE	FAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	11 AMO	UNT THIS PERIOD
NAME Jefferson County Democratic Central Comm		ad for Jeff Co	\$	
ADDRESS 110 Main St	3/17/2004		Z PAI	D 150 00
Festus MO 63028 CITY/STATE		\$ 0.00	INC	URRED
NAME Rock Newspaper		AD	\$	
ADDRESS POBox 1038	3/4/2004	AD .	Z PAI	D 200 00
CITY/STATE Arnold MO 63010	-, -,	\$ 0.00	I 🗂 INC	URRED
NAME Trio graphics Printing			s	
ADDRESS 3620 Jeffco Blvd Box 310	3/27/2004	printing	7 PAI	D 225 17
CITY/STATE Arnold MO 63010	. ,	\$ 0.00	I 🖳	URRED
NAME	-, <u>-</u> -		\$	
ADDRESS			PAI	D
CITY / STATE		\$	III INC	URRED
NAME			\$	
ADDRESS			PAI	D
CITY / STATE		\$	I INC	URRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)		<u> </u>	ŝ	575 17
13 SUBTOTAL ANY ATTACHED PAGES			+ \$	0 00
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)			\$	575 17
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$	647 17
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$	575 17
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIO	0		\$	0 00
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIO	D LIST AMOUNT		\$	0 00
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FO	RM CD1B)	·	\$	0 00
C MONETARY CONTRIBUTIONS MADE (REGARDLES			<u> </u>	
ON MANUE AND ADDRESS OF CAMPIDITE OF COMMITTEE	·	21 DATE	22	AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE				
ADDRESS Mo State Capitol		2/17/2004	1	
CITY/STATE Jeff City MO 65101		3/17/2004	ls	250 00
NAME Citizen for Dan Ward for State Senate			* 	
ADDRESS Mo House of Repre entatives Mo Ctate Capitol	3/13/2004			
CITY/STATE Jeff City Mo 65101		3/1//2004	ls	50 00
JAME	Cofthall		<u> </u>	
Katie Duffin Classics Arnold ADDRESS Arnold Mo 63010	SOLUBALL	3/20/2004		
CITY/STATE	\$	25 00		
3 SUBTOTAL THIS PAGE (SUM COLUMN 22)	\$	325 00		
4 SUBTOTAL ANY ATTACHED PAGES	+\$	0 00		
5 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM	23 + 24)		\$	325 00
6 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT			\$	0 00
7 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE TH	IIS PERIOD (SUM 25 + 26	3)	\$	325 00
8 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIC	\$	0 00		



MISSOURI ETHICS COMMISSION DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE



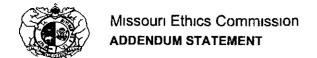
1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS

2 REPORT DATE 3/31/2004

DIRECT EXPENDITURE REPORT

This form is used when expenditures listed on form CD3 have been made directly on behalf of a candidate or ballot measure issue. Candidate committees making expenditures only on behalf of the candidate for which their committee was formed do not complete this form.

A CANDIDATES						
3 CANDIDATES NAME AND ADDRESS		OFFICE SOUGHT	5 CHE	OPP	6 EXPENDITURES THIS PERIOD	7 EXPENDITURES TO DATE
NAME				1		
ADDRESS				!		
CITY STATE ZIP				l	 \$	\$
NAME						
ADDRESS						
CITY STATE ZIP				!	\$	 \$
NAME				 		
ADDRESS						
CITY STATE ZIP				 	\$	\$
NAME			1	 !]		
ADDRESS						
CITY STATE ZIP				: :	\$	\$
B BALLOT MEASURES				<u> </u>	<u> </u>	<u> </u>
8 NAME OF BALLOT MEASURE (INCLUDE POLITICAL SUBDIVISION)	9	ELECTION DATE	10 CHE SUPP	OFP	11 EXPENDITURES THIS PERIOD	12 EXPENDITURES TO DATE
BALLOT MEASURE				1		
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POLITICAL SUBDIVISION				i	\$	s
BALLOT MEASURE						
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POLITICAL SUBDIVISION		ļ	j		\$	\$
BALLOT MEASURE				ĺ		
			ļ			
POLITICAL SUBDIVISION			ı		\$	\$
					7	L:

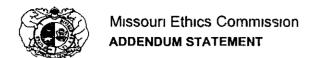


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INSTRUCTIONS ON REVERSE SIDE

ı	PURPOSE Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report											
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												:
												•

MO 300-1804 (01-02)



MEC	ID NO	C031240
L O		

INSTRUCTIONS ON REVERSE SIDE

PUR	POSE	Form Addend	dum should	be used fo	or expla	anatio	on of any addition	nal informati	on needed to	complete an accurate	e filing of this report
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											,

MO 300-1804 (01-02)



Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

COMMITTEE DISCLOSURE REPORT C		7/9/2004			
MECIDNO					
INSTRUCTIONS ON REVERSE SIDE					
2 FULL NAME OF COMMITTEE					
CITIZENS FOR TIM MEADOWS					
3 COMMITTEE MAILING ADDRESS		4 COMMITTEE TELEPHO	ONE NUMBER		
1027 CANTEBURY CURICLE		(626) 461 1017			
CITY / STATE / ZIP	······································	(636) 461 1217			
IMPERIAL MO 63052					
5 TREASURERS NAME					
EDWARD P POLSTER					
6 TREASURERS MAILING ADDRESS		7 TRILASURERS TELEPI	HONE NUMBER		
2529 FOUNTAIN OAKS RD		HOME (636) 337 7870			
ICITY / STATE / ZIP		WORK			
8 DEPUTY TREASURERS NAME TCHECK IF NO DEPUTY TRE	ASHDED				
CAROLYN MEADOWS	ASURER				
9 DEPUTY TREASURER'S MAILING ADDRESS		IA DEBLITY TREASURES	RS TELEPHONE NUMBER		
1027 CANTEBURY CIRCLE IMPERIAL MO 63052		l · - · ·			
		HOME (636) 461 1217			
		WORK			
11 DATE OF ELECTION 12 TYPE OF	ELECTION (CHECK	ONE)			
8/3/2004	O PRIMARY	C GENERAL	O SPECIAL		
13 TIME PERIOD COVERED BY THIS STATEMENT					
FROM 4/1/2004	THROUGH 6/30/2	004			
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE S NAME	15 TYPE OF REPOR	RT			
ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY	15 DAYS AFTE	ER CAUCUS NOMINATION	!		
TIM MEADOWS	Г]СОММІТТЕЕ (QUARTERLY REPORT			
	Jan 15 Apr 15 Jul 15 Oct 15				
1027 CANTEBURY IMPERIAL MO 63052	8 DAYS BEFORE				
(636) 461 1217	30 DAYS AFTER ELECTION				
STATE REPRESENTATIVE DISTRICT 101	TERMINATION (ATTACH FORM CO-3)				
	SEMIANNUAL	DEBT REPORT			
		n 15 UJul 15 PLEMENTAL JAN 15			
	I <u></u>				
_	I <u>=</u>	ER PETITION DEADLINE			
CHECK IF INCUMBENT	OTHER				
	AMENDING P	REVIOUS REPORT DATED)		
REPUBLICAN DEMOCRAT		·	, 20		
16 COMMITTEE TREASURER'S SIGNATURE	17 CANDIDATES S	IGNATURE (CANDIDATE	COMMITTEES ONLY)		
I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER	I CERTIFY THAT	THIS REPORT COMPRISI	ED OF THIS COVER		
PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND		TTACHED FORMS IS CO	MPLETE TRUE AND		
ACCURATE	ACCURATE				
ELECTRONICALLY FILED Jul 9 2004 9 25PM	ELECTRONI	CALLY FILED Jul 9 2	004 9 25PM		
TREASURER S SIGNATURE	CANDIDATI	ES SIGNATURE			

1 DATE OF REPORT OFFICE USE ONLY



Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE
CITIZENS FOR TIM
MEADOWS

DATE OF REPORT

7/9/2004

Γ	RECEIPTS	A THIS PERIOD	B THIS ELECTION	STATEMENT		
			J TIIS ELECTION	BEGINNING AND E		
	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 8 219 37	FINANCIAL CONT		
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 6 740 00		MONEY ON HA	.ND	
	ALL LOANS RECEIVED THIS PERIOD	+\$ 0 00	and known of a			
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+\$ 446 89		25 MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS		
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 7 186 89		ACCOUNTS AND ALL OTHER INVESTMENT >)	\$ 8,219 37	
6	IN KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 0 00	. 4 5.1.	MONETARY RICEIPTS THIS PERIOD	+\$7,186 89	
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 7 18: 89		(FROM ITEM 5)	. 4 /, 100 03	
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0.00		27 MONETARY D SBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	\$ 2,823 09	
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 18 + 7A 8A)	11 14	\$ 15 406 26	a) Disbursements By Check \$2 b) Disbursements By Cash \$	4 2,023 09	
	EXPENDITURES	A THIS PERIOD	B THIS ELECTION	28 MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD	\$ 12,583 17	
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 981 18	(SUM 25 + 26 27)	W 12,303 1/	
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 2 021 01	X = X -	INDEBTEDNESS		
12	IN KIND EXPENDITURES MADE THIS PERIOD	+\$ 0.00		INDEDIEDIE		
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 0.00		29 OUTSTANDING INDEBTEDNESS AT THE	\$ 0.00	
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 2 021 01		BEGINNING OF THIS PERIOD		
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 3 002 19	30 LOANS RECEIVED THIS PERIOD	+\$ 0.00	
	CONTRIBUTIONS MADE	A THIS PERIOD	B THIS ELECTION	TOTAL TENED		
L	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 325 00	31 NEW DEBTS INCURRED THIS PERIOD	+\$ 0.00	
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 802 08			· 0 00	
	ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+\$ 0.00		PAYMENTS MADE ON LOANS THIS	\$ 0.00	
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 802 08	A CANA	PERIOD	\$ 0 00 	
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 1 127 08	33 CREDITS RECEIVED ON LOANS THIS	\$ 0 00	
	OTHER DISBURSEMENTS	A THIS PERIOD	B THIS ELECTION	PERIOD	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		+\$ 0.00		PAYMENTS MADE THIS PERIOD ON	\$ 0 00	
L	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$ 0.00		DEBTS INCURFED IN PREVIOUS PERIOD		
_		+\$ 0.00		35 TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD	\$ 0.00	
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 000		(SUM 29 + 30 + 31 32 33 34)	0 00	

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MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

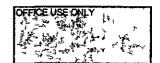
1 NAME OF COMMITTEE	2 REPORT DATE	
CITIZENS FOR TIM MEADOWS	7/9/2004	,
A ITEMIZED CONTRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	AGGREGATE TO	(CHECK IF MONETARY
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME		
ADDRESS		\$
CITY/STATE View Supplemental Form(s)		
EMPLOYER	\$	MONETARY
NAME	·	☐ IN KIND
ADDRESS		\$
CITY/STATE		*
EMPLOYER	Φ.	☐ MONETARY
СОММІТТЕЕ	\$	☐ IN KIND
NAME		
ADDRESS		\$
CITY / STATE		l <u> </u>
EMPLOYER	\$	MONETARY
COMMITTEE	· · · · · · · · · · · · · · · · · · ·	☐ IN KIND
NAME ADDRESS		s
CITY / STATE		Ψ
EMPLOYER	•	MONETARY
COMMITTEE	\$	IN KIND
NAME		
ADDRESS		\$
CITY / STATE		
EMPLOYER	\$	MONETARY
COMMITTEE		L IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 000
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+\$ 6 150 00
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 6 150 00
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 6 150 00
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 0.00
B NON ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM	CD1A	\$ 0.00
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 125 00
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 465 00
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING	\$100 OR LESS	\$ 0.00
C LOANS RECEIVED	16 DATE	17 AMOUNT OF LOAN
15 NAME AND ADDRESS OF LENDER	RECEIVED	(IF MORE THAN \$100 ATTACH CD 1B)
NAME		
ADDRESS		
CITY / STATE		\$
NAME		
ADDRESS		œ.
CITY / STATE 18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00
20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)		 \$ 0 00
OA TOTAL ALL MISSION CONTRIBUTIONS (CIMAAO : AC)		
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 + 14) 22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		¢ .





*****			San San San All Control
NAME OF COMMIT	TEE	DATE	·
CITIZENS FOR	TIM MEADOWS	7/9/2004	
INSTRUCTIONS			
	purpose of the Contributions Received supplement is to provide a printed	Courting for attaching additi	onal pages to Form CD1
	Received) This form should be used as additional space for reporting per		
	ributions This form may be reproduced as needed		• • • • • • • • • • • • • • • • • • • •
Total all itemize	d contributions at the bottom of the page and carry to item 7 (Subtotal Ite	mized Contributions From	Any Attached Pages) on
It further inform	ation is needed concerning reporting itemized expenditures see Form CD	1 Instructions	
A ITEMIZED CON	TRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
FROM COMMIT	TEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING		(CHECK IF MONETARY
-	00 TO A COMMITTEE	AGGREGATE TO DATE	OR IN KIND)
<u>3 NAME, ADDRES</u> NAME	S AND OCCUPATION (LIST COMMITTEES FIRST)	UATE	
ADDRESS	Lee Sloan	ļ	\$ 100 00
CITY/STATE	8 Len Dr Highland Il 62249	5/22/2004	1 \$ 100.00
EMPLOYER	Yellow Freight	- {	[7] MONETARY
COMMITTEE		\$ 0	MONETARY IN KIND
NAME			IN KIND
ADDRESS	Joe Gallı		\$ 300 00
CITY/STATE	1822 Parsonage	6/5/2004	J 300 00
EMPLOYER	Chesterfield Mo 6300 Local 688		MONETARY
COMMITTEE		\$ 0	IN KIND
NAME		 	in thing
ADDRESS	Mo School Alliance PAC		\$ 250 00
CITY / STATE	398 Dix Rd Suite 201	6/8/2004	*
EMPLOYER	Jefferson City Mo 65109		MONETARY
		\$ 0	IN KIND
NAME			
ADDRESS	Laborers Local 718 Vol Pol Fund		\$ 300.00
CITY / STATE	POBox 132	6/15/2004	,
EMPLOYER	DeSoto MO 63020	•	MONETARY
COMMITTEE		\$ 0	IN KIND
NAME			
ADDRESS	Mo State UAW PAC		\$ 300.00
CITY / STATE	721 Dunn Rd Hazelwood Mo 63042	6/14/2004	
EMPLOYER	Hazelwood Mo 63042	\$ 0	MONETARY
✓ COMMITTEE		, v	IN KIND
NAME	Deslayed Labor Clab		ĺ <u>.</u>
ADDRESS	Rockwood Labor Club POBox 31	6/12/2004	\$ 100 00
CITY / STATE	Eureka MO 63025	0,12,2001	
MPLOYER	2420,44 1.0 03043] \$ 0	MONETARY
COMMITTEE			IN KIND
NAME	Diekemper Hammond Shinners Turcotte and Larrew PC		
ADDRESS	7730 Carondelet Suite 200	6/19/2004	\$ 300.00
CITY / STATE	St Louis MO 63105 attny	0/13/2004	i 🚤 .
MPLOYER	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\$ 0	MONETARY
COMMITTEE		<u> </u>	IN KIND
IAME	Mo state Teachers Assoc Leg impact comm		
NDDRESS	pobox 458	6/21/2004	\$ 300 00
CITY / STATE	Columbia Mo 65205		[7] MONETARY
COMMITTEE		\$ 0	MONETARY IN KIND
		1	ווו אווע אווע
TOTAL ITEMIZE	D CONTRIBUTIONS		-
(CARRY	TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACK	HED PAGES ON FORM CD	1)
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NAME OF COMMI	TTEE	DATE	
CITIZENS FOR	TIM MEADOWS	7/9/2004	
INSTRUCTION	S		
(Contributions	e purpose of the Contributions Received supplement is to provide a printed Received) This form should be used as additional space for reporting pertributions. This form may be reproduced as needed.	d outline for attaching addit sons contributing more tha	tional pages to Form CD1 in \$100 and for
Form CD 1	ed contributions at the bottom of the page and carry to item 7 (Subtotal Ite nation is needed concerning reporting itemized expenditures. see Form CD		Any Attached Pages) on
FROM COMMIT	ITRIBUTIONS RECEIVED TEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	4 DATE RECEIVED AGGREGATE TO	5 AMOUNT RECEIVED (CHECK IF MONETARY
	SS AND OCCUPATION (LIST COMMITTI ES FIRST)	DATE	OR IN KIND)
NAME	CONTROL COMMITTEE CONTROL CONT		
ADDRESS CITY/STATE	Home Building Industry Political Action Committee 10104 Old Olive St Rd St Louis MO 63141	4/10/2004	\$ 300 00
EMPLOYER		\$ 0	MONETARY
COMMITTEE		<u> </u>	IN KIND
NAME ADDRESS CITY / STATE EMPLOYER	James Chellew 2825 B Springview Dr Imperial Mo 6305° Fox School Dist Superintendant	4/17/2004	\$ 250 00
COMMITTEE	-	\$ 0	IN KIND
NAME ADDRESS CITY/STATE EMPLOYER Z COMMITTEE	Gas Workers Local 5 6 Voluntary Political Action Committee 7750 Olive St St Louis MO 63130	4/19/2004 \$ 0	\$ 250 00 MONETARY IN KIND
NAME ADDRESS CITY/STATE EMPLOYER COMMITTEE	CHIPP Political Fund 1401 Hampton St Louis MO 63139	4/22/2004 \$ 0	\$ 300 00 MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Teamsters Local 600 Driv Political Action Committee 9041 Riverview Dr St Louis Mo 63137	4/22/2004 \$ 0	\$ 300 00 MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Gary Wright 2063 Hiltop Arnold Mo 63010 Yellow Freight Sys	4/30/2004 \$ 0	\$ 100 00 MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Donald Merrill 788 PCR 700 Perryville Mo 63775 retired	4/30/2004 \$ 0	\$ 100 00 MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	CYndı Caton 3535 Tracı Ln House Springs Mo 63051	5/3/2004 \$ 0	\$ 100 00 MONETARY IN KIND
	ED CONTRIBUTIONS TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACK	HED PAGES ON FORM CD	-





NAME OF COMMIT	TEE	DATE							
CITIZENS FOR	TIM MEADOWS	7/9/2004							
INSTRUCTION	S								
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Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1									
If further inform	ation is needed concerning reporting itemized expenditures see Form CE	1 Instructions							
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	00 TO A COMMITTEE SS AND OCCUPATION(LIST COMMITTEES FIRST)	DATE	OR IN KIND)						
NAME	33 AND OCCOPATION (EIST COMMITTEES FIRST)								
ADDRESS	Nancy Yoke 1229 NE Birchwood	7/7/0004	\$ 100 00						
CITY / STATE	Lees Summit Mo 61086	5/7/2004	<u> </u>						
EMPLOYER	IBT	\$ 0	MONETARY						
COMMITTEE		J	☐ IN KIND						
NAME	Dan Waller								
ADDRESS	Dan McKay 4220 Veranda	5/7/2004	\$ 100 00						
CITY / STATE	St Louis MO 63129	9,1,2							
EMPLOYER	Local 600 Teamsters	\$ 0	MONETARY						
NAME		<u> </u>	IN KIND						
ADDRESS	PFEM-PAC		\$ 300 00						
CITY / STATE	6100 Madison	5/13/2004	Ψ						
EMPLOYER	St Louis Mo 63134		MONETARY						
COMMITTEE		\$ 0	IN KIND						
NAME									
ADDRESS	CWA Dist 6 Pol Educ Comm	5/13/2004	\$ 300 00						
CITY / STATE	10820 Sunset Office Dr St Louis MO 63127	3/13/2004	l <u></u>						
EMPLOYER	SC LOUIS MO 63127	\$ 0	MONETARY						
COMMITTEE		· ·	IN KIND						
NAME ADDRESS	Hoisting engineers		\$ 300.00						
CITY / STATE	Local 513 Pol & education fund 3449 Hollenberg Dr	6/24/2004	3 00 00						
EMPLOYER	Bridgeton Mo 63044		MONETARY						
Z COMMITTEE		\$ 0	IN KIND						
NAME			1						
ADDRESS	Motor Carrier Public Affairs	6/24/2004	\$ 300 00						
CITY / STATE	pobox 89 Eldon MO 65026	6/24/2004	<u> </u>						
EMPLOYER	Eldon No 03026	\$ 0	MONETARY						
COMMITTEE			IN KIND						
NAME	Political Action Committee								
ADDRESS CITY / STATE	8600 Hillcrest Rd suite 2	6/24/2004	\$ 300 00						
EMPLOYER	Kansaas city Mo {4138		MONETARY						
COMMITTEE		\$ 0	IN KIND						
NAME									
ADDRESS	Sprinklerfitters Pol Educ Leg Comm	6/06/0000	\$ 200 00						
CITY / STATE	1710 South Broadway	6/26/2004	*						
EMPLOYER	St Louis Mo 63104	\$ 0	MONETARY						
Z COMMITTEE			IN KIND						
TOTAL ITEMIZE	D CONTRIBUTIONS								
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(CARRY	TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	HED PAGES ON FORM CD	1)						





NAME OF COMMIT	TEE	DATE	
CITIZENS FOR T		7/9/2004	
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Form CD 1	I contributions at the bottom of the page and carry to item 7 (Subtotal lite		Any Attached Pages) on
A ITEMIZED CONT	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
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NAME	VALUE COOK AND A CENT OF SHARING PROPERTY.		
ADDRESS	Sheetmetal Workers Local 36 Pol Educ acct	5/04/0004	\$ 300 00
CITY / STATE	301 south Ewing	6/24/2004	
EMPLOYER	St Louis Mo 63104	 \$ 0	MONETARY
COMMITTEE		Ψ	IN KIND
NAME			
ADDRESS	Missouri-NEA PAC 1810 East Elm	6/28/2004	\$ 300 00
CITY / STATE	Jefferson City MO 65105		
EMPLOYER COMMITTEE		\$ 0	MONETARY IN KIND
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ADDRESS			\$
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MISSOURI ETHICS COMMISSION FUND RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C031240



STATEMENT OF FUND RAISING ACTIVITY OR EVENT	
1 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED CITIZENS FOR TIM MEADOWS	
2 LOCATION OF ACTIVITY OR EVENT NAME AND ADDRESS	
3 DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED	
4 DATE OF ACTIVITY OR EVENT 6 NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT 00/00/0000	
5 NUMBER OF PARTICIPANTS 0	
RECEIPTS FROM ACTIVITY OR EVENT	7 AMOUNT
8 TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED	\$ 0.00
9 TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS	\$ 0.00
GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)	\$ 0.00
11 EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED	
2 INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT	13 AMOUNT
	\$
	\$
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	\$
4 TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT	\$ 0 00



MISSOURI ETHICS COMMISSION EXPENDITURES AND (ONTRIBUTIONS MADE INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

NAME OF COMMITTEE REPORT DATE CITIZENS FOR TIM MEADOWS 7/9/2004 **EXPENDITURES OF \$100 OR LESS BY CATEGORY** 4 AMOUNT PAID OR (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW) INCURRED THIS PERIOD 3 CATEGORY OF EXPENDITURE \$ View Supplemental Form(s) \$ 5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4) \$ 0 00 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES +\$ 561 74 TOTAL NON ITEMIZED EXPENDITURES THIS PLRIOD (SUM 5 + 6) 561 74 10 PURPOSE (III **ITEMIZED EXPENDITURES ALL OVER \$100** PAYMENT WAS TO A 9 DATE 11 AMOUNT THIS PERIOD AND ALL PAYMENTS TO CAMPAIGN WORKERS CAMPAIGN WORKER SHOW 8 NAME AND ADDRESS OF RECIPIENT AGGREGATE PAID) NAME T o G aph cs printing 3620 Jeff o Blvd POBox 310 517 10 ADDRESS Z PAID 4/1/2004 Arnold MO 63010 CITY / STATE 0 00 INCURRED \$ NAME Verizon ce l l 134 41 🖊 PAID 777 Big Timber Rd **ADDRESS** 4/7/2004 Elgin Il 60123 CITY / STATE 0 00 INCURRED NAME office phone an 153 94 ✓ | PAID ADDRESS POBox 630047 4/26/2004 Dallas Tx 75263 0 00 INCURRED CITY / STATE NAME Trio Graph 3620 Jeffco Blvd pr nting 323 82 Z PAID 4/29/2004 ADDRESS POBox 310 Arnold Mo 63010 \$ 0 00 INCURRED CITY / STATE NAME £ Rock Newspaper ad 330 00 6/26/2004 Z PAID ADDRESS pobox 1038 Arnold MO 63010 CITY / STATE \$ 0.00 INCURRED 12 SUBTOTAL THIS PAGE (SUM COLUMN 11) 1 459 27 13 SUBTOTAL ANY ATTACHED PAGES + \$ 0 00 14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12+13) \$ 1 459 27 15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14) \$ 021 01 16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD 1 459 27 17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD \$ 0 00 18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD LIST AMOUNT \$ 0 00 19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B) \$ 0 00 MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) 21 DATE 22 AMOUNT 20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE NAME **ADDRESS** View Supplemental Form(s) CITY / STATE NAME ADDRESS \$ CITY / STATE NAME **ADDRESS** CITY / STATE 23 SUBTOTAL THIS PAGE (SUM COLUMN 22) \$ 0 00 24 SUBTOTAL ANY ATTACHED PAGES + \$ 802 80 25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24) \$ 08 802 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT 0 00 S TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26) 802 08 28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT \$ 0 00



MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY SUPPLEMENTAL FORM



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MISSOURI ETHICS COMMISSION CONTRIBUTIONS MADE SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE DATE CITIZENS FOR TIM MEADOWS 7/9/2004 MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) DATE AMOUNT NAME AND ADDRESS OF CANDIDATE OR COMMITTEE Committee to Elect Boyer NAME ADDRESS 4/3/2004 CITY / STATE 50 00 \$ Committee to Elect Duncan NAME ADDRESS 4/3/2004 50 00 CITY / STATE S House Democratic Inner Circle NAME Jefferson City Mo ADDRESS 4/5/2004 CITY / STATE 120 00 \$ Tony Twist NAME 4/6/2004 ADDRESS donation for Windsor school teachers CITY/STATE Imperial MO 63052 \$ 25 00 Dan Francis NAME ADDRESS donation for firefighters election day 4/6/2004 CITY/STATE Kimmswick MO 25 00 \$ Lodge of the Four Seasons Democratic NAME 4/12/2004 ADDRESS Caucus 50 00 CITY / STATE \$ Jefferson County PRES NAME ADDRESS Hıllsboro 4/28/2004 31 25 CITY / STATE \$ Mt Grace Convent NAME mass for ill constituent 4/22/2004 ADDRESS CITY / STATE 10 83 \$ Jefferson COunty Days NAME ADDRESS 4/30/2004 CITY / STATE 90 00 \$ Jefferson County Democratic Committee NAME **ADDRESS** 4/30/2004 CITY / STATE 150 00 \$ MDA NAME ADDRESS St Louis MO 5/ 4/2004 CITY / STATE 50 00 \$ NAME Arnold Police Memorial Charity ADDRESS Arnold Mo 63010 6/11/2004 CITY / STATE \$ 150 00 TOTAL ITEMIZED MONETARY CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3) \$

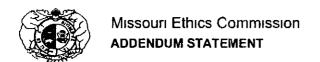


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PURI	PURPOSE Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report							
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Missouri Ethics Commission

COMMITTEE DISCLOSURE	REPORT C	OVER PAGE		7/25/224		
MEC ID		7/26/2004				
INSTRUCTIONS ON REVERSE SIDE						
2 FULL NAME OF COMMITTEE				<u></u>		
CITIZENS FOR TIM MEADOWS						
3 COMMITTEE MAILING ADDRESS			4 CCM	MITTEE TELEPHON	E NUMBER	
1027 CANTEBURY CURICLE						
CITY / STATE / ZIP			,	(636) 461 1217	!	
IMPERIAL MO 63052						
5 TREASURER'S NAME						
EDWARD P POLSTER						
6 TREASURER'S MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·		7 TRLA	SURER \$ TELEPHO	ONE NUMBER	
2529 FOUNTAIN OAKS RD			HOME ((636) 337 7870		
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9 DEPUTY TREASURERS MAILING ADDRESS 1027 CANTEBURY CIRCLE IMPERIAL MO 63052			10 DEPUTY TREASURER'S TELEPHONE NUMBER			
			HOME (636) 461 1217		
			WORK			
11 DATE OF ELECTION	12 TYPE OF	ELECTION (CHECK	ONE)			
8/3/2004		O PRIMARY	0	GENERAL	O SPECIAL	
13 TIME PERIOD COVERED BY THIS STATEMENT						
FROM 7/1/2004		THROUGH 7/26/20	004			
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATES		15 TYPE OF REPOR	₹T			
address phone office sought political subdiv Political party	ISION AND	15 DAYS AFTER CAUCUS NOMINATION				
TIM MEADOWS		COMMITTEE QUARTERLY REPORT				
1027 CANTEBURY IMPERIAL MO 63052		☐ ☐ Jan 15 ☐ Apr 15 ☐ Jul 15 ☐ Oct 15 ☐ 8 DAYS BEFORE				
1027 CANTEBORT THEREIAN NO 03032		1 =				
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STATE REPRESENTATIVE DISTRICT 101		TERMINATION	(ATTA	CH FORM CO 3)		
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16 COMMITTEE TREASURER'S SIGNATURE		17 CANDIDATES SI	GNATUR	E (CANDIDATE C	OMMITTEES ONLY)	
I CERTIFY THAT THIS REPORT COMPRISED OF THIS OPPOSED AND ALL ATTACHED FORMS IS COMPLETE TRACCURATE				PORT COMPRISED FORMS IS COM		
ELECTRONICALLY FILED Jul 22 2004 6 18PM		ELECTRONI:	CALLY F	ILED Jul 22 200	4 6 18PM	
TREASURERS SIGNATURE		CANDIDATE				



Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

CITIZENS FOR T[M

MEADOWS

DATE OF REPORT

7/26/200



			<u></u>	<u></u>	18 t	
	RECEIPTS	A THIS PERIOD	B THIS ELECTION	STATEMENT (-	
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED	10 m 4 17 m	\$ 12 583 17	FINANCIAL CON	= :	
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 5 800 00	l c	MONEY ON HAND		
3	ALL LOANS RECEIVED THIS PERIOD	+\$ 0 00		MONEY ON HAND		
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+\$ 0 00		25 MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS	!	
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 5 800 00	第144年 - 型	ACCOUNTS AND ALL OTHER (NVESTMENTS)	A 15,303 1/	
6	IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 300 00		26 MONETARY RECEIPTS THIS PERIOD	+\$5,800 00	
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 6 100 00	<i>f</i> -	(FROM ITEM 5)		
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0.00		27 MONETARY D SBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	\$ 519 29	
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A 8A)		\$ 18 683 17	a) Disbursements By Check \$2 b) Disbursements By Cash \$	- JIJ 43	
	EXPENDITURES	A THIS PERIOD	B THIS ELECTION	28 MONEY ON HAND AT THE CLOSE OF THIS REPORT NG PERIOD	\$ 17,863 88	
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	CHECK THIS PERIOD	\$ 519 29		INDEBTEDNE	35	
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L	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 0 00		29 OUTSTANDING INDEBTEDNESS AT THE	\$ 0 00	
	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 519 29		BEGINNING OF THIS PERIOD	• 0 00	
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	Walter State	\$ 3 342 38	30 LOANS RECEIVED THIS PERIOD	+\$ 0 00	
L	CONTRIBUTIONS MADE	A THIS PERIOD	B THIS ELECTION			
L	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00	NEW DEBTS INCURRED THIS PERIOD	+\$ 0 00	
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0.00			0 00	
18	ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$ 0 00		32 PAYMENTS MADE ON LOANS THIS	\$ 0.00	
L	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0.00		PERIOD	\$ 0 00	
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 0.00	33 CREDITS RECEIVED ON LOANS THIS	\$ 0.00	
	OTHER DISBURSEMENTS	A THIS PERIOD	B THIS ELECTION	PERIOD	0 00	
21	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+\$ 0 00			\$ 0 00	
_	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$ 000	A STATE OF THE STA	DEBTS INCURFED IN PREVIOUS PERIOD	. 0 00	
	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+\$ 0 00		35 TOTAL INDEBTI DNESS AT THE CLOSE OF THIS REPORTING PERIOD	\$ 0 00	
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0 00	MAN TO THE	(SUM 29 + 30 + 31 32 33 34)	• 0 00	



MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

STAR INSTITUTE OF THE STATE OF THE		1	
1 NAME OF COMMITTEE	2 REPORT DATE		
CITIZENS FOR TIM MEADOWS	7/26/2004		
A ITEMIZED CONTRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED	
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	AGGREGATE TO	(CHECK IF MONETARY	
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	1	OR IN KIND)
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7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY AFTACHED PAGES		+ \$	6 000 00
8 TOTAL ITEMIZED CONTRIBUTIONS THIS I ERIOD (UM 6 7)		\$	6 000 00
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$	5 700 00
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$	300 00
B NON ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		1	AMOUNT RECEIVED
		\$	0 00
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$	0 00
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$	100 00
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$	0 00
C LOANS RECEIVED	1€ DATE		MOUNT OF LOAN
15 NAME AND ADDRESS OF LENDER	RECEIVED		MORE THAN \$100 TTACH CD B)
NAME			
ADDRESS		ļ	
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CITY/STATE		\$	
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$	0 00
19 SUBTOTAL LOANS FROM ANY ATTACHED FACES		\$	0 00
20 TOTAL LOANS THIS PERIOD (SUM 18 19)		\$	0 00
21 TOTAL ALL IN KIND CONTRIBUTIONS (SLM 10 14)		\$	300 00
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$	5,800 00
23 MONETARY CONTRIBUTIONS & LOAN'S RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$	5 800 00
		<u> </u>	5 000 00





INSTRUCTIONS

MISSOURI ETHIC & COMMISSION CONTRIBUTIONS RECEIVED SUPPLEMENTAL

FFICE	

NAME OF COMMITTEE DATE 7/26/2004 CITIZENS FOR TIM MEADOWS

PURPOSE The purpose of the Contribution's Received supplement i to provide a printed outlin for attaching additional pages to Form CD1 (Contributions Received) This form should be uiled as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1

it turther informa	tion is needed concerning reporting itemized expenditures, see Form CD	1 instructions					
A ITEMIZED CONT	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED				
FROM COMMITT		(CHECK IF MONETARY					
	0 TO A COMMITTEE	AGGREGATE TO	OR IN KIND)				
3 NAME, ADDRES	3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) DATE						
NAME	A B Recycling Corporation		6 300.00				
ADDRESS	4415 East High Street POBox 1708	7/1/2004	\$ 300 00				
CITY / STATE	Jefferson City Mo 65102		TT HONET LEV				
EMPLOYER	332323011 320 ₁ 112 34=4=	\$ 0	MONETARY				
COMMITTEE			IN KIND				
NAME	The sale of the sa						
ADDRESS	Busch Entertainment Corp	7/1/2004	\$ 300 00				
CITY / STATE	%415 East HIgh St PCBox 1708 Jefferson City MO 65102		l 🚃				
EMPLOYER	Jefferson City Mo 65102	\$ 0	MONETARY				
COMMITTEE			IN KIND				
NAME							
ADDRESS	Teamsters 245 PAF	7/6/2004	\$ 300 00				
CITY / STATE	1850 E Division t Springfield MO (80)	7/8/2004					
EMPLOYER	Shrindifera Mo (90)	\$ 0	MONETARY				
COMMITTEE			☐ IN KIND				
NAME	IntlUn of Elvt (ott Lol3	Ì	1 _				
ADDRESS	PAC f d	7/2/2004	\$ 300.00				
CITY / STATE	5916 W 1	,,2,2001					
EMPLOYER	St L M 63110	\$ 0	MONETARY				
COMMITTEE			☐ IN KIND				
NAME	Parella and Co. Z. Novelan		1 _				
ADDRESS	Partners for Lealeiship	T /2 /2004] \$ 300 00				
CITY / STATE	POBox 4208 Springfield MO 6 808	7/3/2004	i				
EMPLOYER	Springiteid MO 6 606	\$ 0	MONETARY				
COMMITTEE			L IN KIND				
NAME	J ph Thomp n C n lt ILC						
ADDRESS	J ph Thomp n C n lt ILC 5054 S h dq P k D	7/13/2004	\$ 100 00				
CITY / STATE	0 kv 11 Mo 63129	//13/2004	<u> </u>				
E <u>MP</u> LOYER	Con It nt	\$ 0	MONETARY				
COMMITTEE		Ψ	☐ IN KIND				
NAME	J Sh 11						
ADDRESS	412 E Ad 1 d	- / - /	\$ 100.00				
CITY / STATE	St Lo Mo 63147	7/6/2004					
EMPLOYER	bn wn DWllg	\$ 0	MONETARY				
COMMITTEE		1 9 0	IN KIND				
NAME							
ADDRESS	St v D gh ty B 71	7/6/2004	\$ 250 00				
CITY / STATE	W t lo IL 62298	7/0/2004					
EMPLOYER	T kd v Yllow F git	\$ 0	MONETARY				
COMMITTEE		Φ υ	☐ IN KIND				
TOTAL ITEMIZE	D CONTRIBUTIONS						
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NAME OF COMMITTEE LATE CITIZENS FOR TIM MEADOWS 7/26/2004 INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement in to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be uiled as additional space for reporting persons or ntributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions A ITEMIZED CONTRIBUTIONS RECEIVED 4 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS (IVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN KIND) DATE 3 NAME, ADDRESS AND OCCUPATION (LIST (OMMITTLES FIRST) NAME I B E W Local Union 1139 PAC Fund ADDRESS \$ 200 00 7/8/2004 2121 59th st CITY / STATE St LOuis MO 63110 EMPLOYER **✓** MONETARY 0 COMMITTEE IN KIND NAME Eastern Mo Laborer Edu ational and Benevol nt Fund 300 00 ADDRESS 7/8/2004 3450 Hollenberg Dr CITY / STATE St Lous Mo 63014 EMPLOYER **✓** MONETARY £ 0 IN KIND NAME H t & F ost In ul to & A b to W k Loc l 1 Pol 200 00 ADDRESS Fund A t 1 3325Holl nbe g D 7/9/2004 CITY / STATE MO 63044 ✓ MONETARY St Lou EMPLOYER 0 Z COMMITTEE IN KIND NAME ADDRESS UFCW Local 88 100 00 7/9/2004 300 S Grand CITY/STATE St Louis MO 63 03 EMPLOYER MONETARY 0 Z COMMITTEE IN KIND NAME Ameristar Casinc Kansa City ADDRESS 300 00 POBox 33480 7/10/2004 CITY / STATE Kansas City Mo 6 120 EMPLOYER MONETARY 0 IN KIND ✓ COMMITTEE NAME Mo Dental Pol Action Committee ADDRESS 300 00 7/10/2004 POBox 473 CITY / STATE Jefferson City Mo (5102 **EMPLOYER ✓** MONETARY 0 COMMITTEE IN KIND NAME Ameristar Casino St Charles ADDRESS 300 00 1260 South Main t 7/10/2004 CITY / STATE St Charles Mo 6 301 **EMPLOYER ✓** MONETARY ٥ COMMITTEE IN KIND NAME Electrical Worker /ol Pol & Educ & LEg Funds **ADDRESS** 300 00 7/13/2004 58 0 Elizabeth CITY / STATE St Louis MO 63 1) **EMPLOYER ✓** MONETARY \$ 0 ✓ COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 SUBTOTAL ITI MIZI D CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



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NAME OF COMMITTEE DATE 7/26/2004 CITIZENS FOR TIM MEADOWS INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outlin for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized ontributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions 5 AMOUNT RECEIVED A ITEMIZED CONTRIBUTIONS RECEIVED DATE RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN KIND) DATE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME Teamsters Local 11 FAF \$ 300 00 ADDRESS 7/13/2004 4501 Emanuel Cleav 1 Il Blvd CITY / STATE Kansas City Mo 61130 EMPLOYER ✓ MONETARY 0 COMMITTEE IN KIND NAME ADDRESS Bricklayers Local 1 of MO Truth Comm 100 00 7/15/2004 2000 Market CITY / STATE St Louis Mo 63103 EMPLOYER MONETARY \$ 0 IN KIND NAME 90th Legislative II t Democratic Committee 500 00 ADDRESS 7/15/2004 POBox 143 CITY / STATE High Ridge MO 63019 EMPLOYER MONETARY 0 IN KIND NAME Mo Medical PAC ADDRESS 300 00 7/21/2004 POBox 1402 CITY / STATE Jefferson City MO 65102 **✓** MONETARY EMPLOYER 0 Z COMMITTEE IN KIND NAME CHIPP Pol Fund ADDRESS 300 00 1401 Hampton 3rd floor 7/17/2004 CITY / STATE St Louis MO 631 9 **EMPLOYER** MONETARY \$ 0 ✓ COMMITTEE IN KIND NAME Missouri HDCC \$ ADDRESS 300 00 208 Madison POBox 235 7/12/2004 CITY / STATE Jefferson City NO 65102 **EMPLOYER** MONETARY 0 ✓ COMMITTEE IN KIND NAME MO State Council o Machinists PAC ADDRESS 250 00 12365 St Charles Rock Rd 7/22/2004 CITY / STATE Bridgeton Mo 63044 EMPLOYER MONETARY \$ 0 **Z** COMMITTEE IN KIND NAME **ADDRESS** CITY / STATE **EMPLOYER** MONETARY \$ ☐ COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL IT! MIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION

28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT

EXPENDITURES AND CONTRIBUTIONS MADE INSTRUCTIONS ON REVERSE SIDE 2 REPORT DATE NAME OF COMMITTEE /26/2004 CITIZENS FOR TIM MEADOWS **EXPENDITURES OF \$100 OR LESS BY CATEGORY** 4 AMOUNT PAID OR (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW) INCURRED THIS PERIOD 3 CATEGORY OF EXPENDITURE View Supplemental Form(s) \$ 5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4) 0 00 6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES 269 29 TOTAL NON ITEMIZED EXPENDITURES THIS PI RIOD (SUM 5 \$ 269 29 10 PURPOSE 7 **ITEMIZED EXPENDITURES ALL OVER \$100** FAYMENT WAS TO A 11 AMOUNT THIS PERIOD 9 DATE AND ALL PAYMENTS TO CAMPAIGN WORLERS CAMPAIGN WORKER SHOW 8 NAME AND ADDRESS OF RECIPIENT AGGREGATE PAID) NAME Chastity Kliensorge Trust Lund Multiple Sclero 250 00 Z PAID Mult ple Scleros s Benefit ADDRESS 7/10/2004 Imper al MO 63052 0 00 INCURRED CITY / STATE NAME PAID ADDRESS INCURRED CITY / STATE NAME PAID ADDRESS INCURRED CITY / STATE \$ NAME PAID ADDRESS INCURRED CITY / STATE NAME PAID ADDRESS INCURRED CITY / STATE 250 00 12 SUBTOTAL THIS PAGE (SUM COLUMN 11) 13 SUBTOTAL ANY ATTACHED PAGES + \$ 0 00 14 TOTAL ITEMIZED EXPENDITURES THIS PLR OD (SUM 12 13) 00 250 \$ 15 TOTAL MONETARY EXPENDITURES THIS PERIOD (5UM 7 + 14) 519 29 \$ 16 AMOUNT OF LINE 15 WHICH WAS PAID OUT 1 HIS PERIOD 250 00 \$ AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD 0 00 18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD LIST AMOUNT S 0 00 S 19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B) 0 00 MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) 22 AMOUNT 21 DATE 20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE NAME ADDRESS \$ CITY / STATE NAME **ADDRESS** \$ CITY / STATE NAME ADDRESS CITY / STATE \$ 23 SUBTOTAL THIS PAGE (SUM COLUMN 22) 0 00 + \$ 00 24 SUBTOTAL ANY ATTACHED PAGES 0 25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 24) \$ 0 00 \$ 26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT 0 00 \$ TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 00 0

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MISSOURI ETHICS COMMISSION EXPENDITURES OF \$1(0 OR LESS BY CATEGORY SUPPLEMENTAL FORM

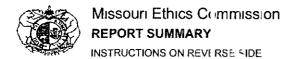
NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	DATE 7/26/2004	
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SECTION OF EXPENDITURE	РВ)	AMOUNT PAID OR INCURRED THIS PERIOD
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Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

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8/28/2004	
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COMMITTEE DISCLOSURE REPORT C	8/28/2004
MICIDNO CO3121	0
INSTRUCTIONS ON REVERSE SIDE	
2 FULL NAME OF COMMITTEE	
CITIZENS FOR TIM MEADOWS	
3 COMMITTEE MAILING ADDRESS	4 COMMITTEE TELEPHONE NUMBER
1027 CANTEBURY CURICLE	
CITY / STATE / ZIP	(636) 461 1217
IMPERIAL MO 63052	
5 TREASURER'S NAME	
EDWARD P POLSTER	
6 TREASURER'S MAILING ADDRESS	7 TREASURER'S TELEPHONE NUMBER
2529 FOUNTAIN OAKS RD	HOME (636) 337 7870
CITY / STATE / ZIP	WOR
DESOTO MO 63020	YVOR
8 DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TRE	ASURER
CAROLYN MEADOWS	
9 DEPUTY TREASURER'S MAILING ADDRESS	10 DI PUTY TREASURER'S TELEPHONE NUMBER
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11 DATE OF ELECTION 12 TYPE OF	ELECTION (CHECK ONE)
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13 TIME PERIOD COVERED BY THIS STATEMENT	
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14 CANDIDATE COMMITTEES ONLY LIST CANDIDATES NAME	15 TYPE OF REPORT
ADDRESS PHONE OFFICE SOUGHT POLITICA CUBDIVISION AND POLITICAL PARTY	15 DAYS AFTER CAUCUS NOMINATION
	COMMITTEE QUAR ERLY REPORT
TIM MEADOWS	Jan 15 Apr 15 Jul 15 Oct 15
1027 CANTEBURY IMPERIAL MO 63052	8 DAYS BEFORE
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16 COMMITTEE TREASURER'S SIGNATURE	17 CANDIDATES SIGNATURE (CANDIDATE COMMITTEES ONLY)
I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE	I CERTIFY THAT THIS PEPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE
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NAME OF COMMITTEE

CITIZENS FOR T M

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DATE OF REPORT OFFICE USE ONLY

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2 ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	9		€ 6	50 00					MONEY ON HAND
3 ALL LOANS RECEIVED THIS PERIOD	+ 9	<u> </u>		0 00					
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5 SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A 3A 4A)	\$		6 65	50 00					ACCOUNTS AND ALL OTHER INVESTM NT)
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10 TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED				g filt	\$	3	342 38		THIS REPORTING PERIOD \$ 22 682 3: (SUM 25 26 27)
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13 DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$			c 00		,		29	OUTSTANDING INDEBTEDNESS AT THE \$ 0 0 (
14 TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A 12A 13A)	\$	- <u></u>	1 06	ie 56					BEGINNING OF THIS PERIOD
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18 ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$			0 00				32	PAYMENTS MADE ON LOANS THIS \$ 0 0 (
19 TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A 18A)	\$		76	5 00					PERIOD \$ 0 0 (
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MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED INSTRUCTIONS ON REVER E SIDE

1 NAME OF COMMITTEE	2 REPORT DATE	
CITIZENS FOR TIM MEADOWS	8/28/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSON GIVING	AGGREGATE TO	(CHECK IF
MORE THAN \$100 TO A COMMITTEE 3 NAME, ADDRESS AND OCCUPATION (LIST (OMMITTEES FIRST)	DATE	MONETARY OR IN KIND)
NAME		
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6 SUBTOTAL ITEMIZED CONTRIBUTIONS (FHI FAGE (SUM COLUMN 5)		\$ 0.00
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+\$ 6 350 00
8 TOTAL ITEMIZED CONTRIBUTIONS THIS ERIOD (UM 6 7)	<u>_</u>	\$ 6 350 00
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED A MONI TARY CONTRIBUTIONS		\$ 6 350 00
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 0.00
B NON ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED INLINE 8 ON FORM	1 CE 1A	\$ 0.00
12 TOTAL ANONYMOUS CONTRIBUTIONS RI CLIVED I ROM PERSON GIVING \$25 OR LESS		\$ 0.00
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C LOANS RECEIVED	10 DATE	17 AMOUNT OF LOAN
15 NAME AND ADDRESS OF LENDER	RECEIVED	(IF MORE THAN \$100 ATTACH CD 1B)
NAME		
ADDRESS		
CITY / STATE		\$
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ADDRESS		
CITY / STATE		\$
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00
19 SUBTOTAL LOANS FROM ANY ATTACHED LACES	<u>-</u>	\$ 0 00
20 TOTAL LOANS THIS PERIOD (SUM 18 19)		\$ 0.00
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 11)	· · · · · · · · · · · · · · · · · · ·	\$ 0.00
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NAME OF COMMITTEE DATE CITIZENS FOR TIM MEADOWS 8/28/2004 INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outling for attaching additional pages to Form CD1 (Contributions Received) This form should be uiled as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Fom CD 1 If further information is needed concerning reporting itemized expenditures ee Form CD 1 Instructions A ITEMIZED CONTRIBUTIONS RECEIVED 4 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AN OUNT OR FROM PERSONS GIVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN KIND) DATE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) hbam pac ADDRESS \$ 200 00 215 e capitol av ϵ 8/11/2004 CITY / STATE jeff city mo 6 101 EMPLOYER. **✓** MONETARY 0 COMMITTEE IN KIND NAME ADDRESS se missouri building trades council \$ 300 00 8/21/2004 CITY / STATE pobox 1955 cape girardeau mo 63702 **EMPLOYER** MONETARY \$ 0 IN KIND NAME teamsters local 688 pac account 300 00 ADDRESS 7/23/2004 300 s grand CITY / STATE st louis mo د6310 **EMPLOYER** ✓ MONETARY \$ Ω COMMITTEE) IN KIND NAME blue cross blue shield of missouri ADDRESS S 300 00 8/21/2004 pobox 5035 CITY / STATE thousand oaks ca 91359 **EMPLOYER** ☐ MONETARY \$ 0 Z COMMITTEE IN KIND NAME S T I P E N D teamsters 710 pac fund **ADDRESS** \$ 300 00 4217 halsted street 7/24/2004 CITY / STATE chicago il 60609 **EMPLOYER** MONETARY 0 ✓ COMMITTEE IN KIND NAME MATA p ADDRESS \$ 300 00 t n m p b x 1792 7/26/2004 CITY / STATE j ff ty mo 6510 **EMPLOYER ✓** MONETARY Ð COMMITTEE IN KIND NAME MATA p **ADDRESS** \$ 300 00 w t. mο 7/26/2004 CITY / STATE pobox 1792 ty mo 65102 ז f f **EMPLOYER** MONETARY \$ 0 COMMITTEE IN KIND NAME MATA p ADDRESS t 1 m \$ 300 00 7/26/2004 CITY / STATE pobo j ff ty mo 65102 **EMPLOYER ✓** MONETARY \$ O ✓ COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



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INSTRUCTIONS	3				
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COMMITTEE		\$	0	! ==	IN KIND
NAME				1	
ADDRESS	credit union pac	7,	/27/2004	\$	300 00
CITY / STATE	2055 craigshire dr ve st louis mo 63146	''	27,2004		
EMPLOYER	st louis mo 63146	\$	0	-	MONETARY IN KIND
NAME				 	IN KIND
ADDRESS	dk governmental solutions llc	İ		\$	200 00
CITY / STATE	121 courtfield dr	7/	/29/2004	'	
EMPLOYER	ofallon mo 63366	 \$	0	· ===	MONETARY
COMMITTEE		 	<u>-</u>		IN KIND
NAME ADDRESS	l f p o n			\$	250 00
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EMPLOYER	b 1 m 39532		•		MONETARY
COMMITTEE		\$	0		IN KIND
VAME	Teamsters PAF 24				
ADDRESS	1850 E Division t	8/	/26/2004	\$	300 00
CITY/STATE EMPLOYER	Springfield mo 6 £03		_,	[77]	MONETARY
Z COMMITTEE		\$	0		IN KIND
NAME				1	· · · · · · · · · · · · · · · · · · ·
ADDRESS	Murphy for Sheriff		/24/2004	\$	100 00
CITY / STATE	7359 Yates St Louis MO 63116	"	24/2004		
EMPLOYER COMMITTEE		\$	0		MONETARY IN KIND
NAME				 	IN MIND
ADDRESS	Diekemper Hammond Shinners Turcotte and larrew	ļ		\$	300 00
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MPLOYER	50 Tod 5 Pio (5105	\$	0		MONETARY
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MISSOURI ETHICS COMMISSION **EXPENDITURES AND CONTRIBUTIONS MADE** INSTRUCTIONS ON REVERSE JIDE

OFFICE USE ONLY	

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 F PORT DATE ε/28/2004			
	,	6/20/2004			
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BE 3 CATEGORY OF EXPENDITURE	4 AMOUNT PAID OR INCURRED THIS PERIOD				
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CHY/STATE -		\$	0 00	INCUR	RED
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ADDRESS 3620 jeffco	8/3/2004			∠ PAID	
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NAME shop n save	0/15/0004	carpaign lui	nche	\$ 	148 24
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13 SUBTOTAL ANY ATTACHED PAGES				Ψ + \$	0 00
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 13)				\$	762 34
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 14)		· · · · · · · · · · · · · · · · · · ·		\$	1 066 56
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		the state of the s		\$	762 34
7 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIO	Ď			\$	0 00
8 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIO	D LIST AMOUNT			\$	0 00
9 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FO	ORM CD1B)	·····		\$	0 00
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00 NAME AND ADDRESS OF CAUDIDATE OF COLUMN TIPE		21 DATE	- 1	22 A	MOUNT
NAME James COUNTRY MERCANT 1					
NAME james country mercant lu ADDRESS k mmswick reenactment		0/ 5/2004	İ		
CITY/STATE kimmswick mo		8/ 5/2004	ŀ	\$	65 00
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CITY / STATE				\$	300 00
3 SUBTOTAL THIS PAGE (SUM COLUMN 22)				\$	765 00
4 SUBTOTAL ANY ATTACHED PAGES 5 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM	123 24)		$\overline{}$	+ \$ •	0 00
6 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT	140 24)	· · · · · · · · · · · · · · · · · · ·		\$ \$	765 00
7 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE TH	118 F FRIOD (91 IM 25 ± 2	(A)		\$ \$	0 00
8 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIO				\$ \$	765 00 0 00
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MISSOURI ETHICS COMMISSION EXPENDITURES OF \$10 OR LESS BY CATEGORY SUPPLEMENTAL FORM

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	DATE 8/28/20	004		
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 S CATEGORY OF EXPENDITURE			NT PAID OF THIS PER	
balloons		\$	9	22
campaign meeting luncheon	•	\$	100	00
campaign workers dinner		\$	37	00
stamps		\$	74	00
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Missouri Ethics Commission

1 DATE OF REPORT	OFFICE USE ONLY
8/28/2004	

COMMITTEE DISC LOSURE REPO	RT COVER PAGE	04
N E C ID NO	031240	
INSTRUCTIONS ON REVERSE SIDE		
2 FULL NAME OF COMMITTEE		
CITIZENS FOR TIM MEADOWS		
3 COMMITTEE MAILING ADDRESS	4 COMMITTEE TEL	EPHONE NUMBER
1027 CANTEBURY CURICLE		
CITY / STATE / ZIP	(636) 461	1217
IMPERIAL MO 63052		
5 TREASURERS NAME		
EDWARD P POLSTER		
6 TREASURER'S MAILING ADDRESS	7 TRI ASURERS T	ELEPHONE NUMBER
2529 FOUNTAIN OAKS RD	HOME (636) 337	7870
CITY / STATE / ZIP	WORŁ	
DESOTO MO 63020	WOR	
8 DEPUTY TREASURERS NAME (HECK IF NO DEPU	/ TREASURER	
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9 DEPUTY TREASURERS MAILING ADDRES 5	10 DI PUTY TREAS	URER'S TELEPHONE NUMBER
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11 DATE OF ELECTION 12 TY	E OF ELECTION (CHECK ONE)	
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13 TIME PERIOD COVERED BY THIS STATEMENT		
FROM 7/27/2004	THROUGH 8/28/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL UBDIVISION	15 TYPE OF REPORT	
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16 COMMITTEE TREASURER'S SIGNATURE	17 CANDIDATES SIGNATURE (CANDID	
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Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVER IF SIDE

NAME OF COMMITTEE

CITIZENS FOR T M

MEADOWS

DATE OF REPORT OFFICE USE ONLY

8/28/200

RECEIPTS	A	THI	PERIOD	,	B THIS	ELECTION	STATEMENT OF BEGINNING AND ENDING	
TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED					\$ 1	7 863 88	3	FINANCIAL CONDITION
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3 ALL LOANS RECEIVED THIS PERIOD	+ \$		0 0	0				MORE! OR HARD
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5 SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A 3A 4A)	5		950 0	0				ACCOUNTS AND ALL OTHER INVESTMENTS)
6 IN KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$		0 0	0			26	MONETARY PECEIPTS THIS PERIOD +\$ 6 950 0
7 TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A 6A)	ç		950 0	٥				(FROM ITEM)
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14 TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A 12A 13A)	\$	1	. 061 5	6				BEGINNING OF THIS PERIOD \$ 0 0
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23 ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$		0 00				35	TOTAL INDEB EDNESS AT THE CLOSE
24 TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A 22A 23A)	\$	•	0 00					OF THIS REPORTING PERIOD \$ 0 0 ((SUM 29 30 31 32 33 34)
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MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED INSTRUCTIONS ON REVER E SIDE

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1 NAME OF COMMITTEE	2 REPORT DATE		. _
CITIZENS FOR TIM MEADOWS	8/28/2004		
A ITEMIZED CONTRIBUTIONS RECEIVED	4 DATE RECEIVED	1.	NT RECEIVED
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3 NAME, ADDRESS AND OCCUPATION (LIST (OMMITTEES FIRST)	DATE	1	IN KIND)
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6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		 \$	0 00
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$	6 650 00
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 7)		\$	6 650 00
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONI TARY CONTRIBUTIONS	-	\$	6 650 00
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$	0 00
B NON ITEMIZED CONTRIBUTIONS RECEIVED			MOUNT
(LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		1	CEIVED
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM	CD1A	\$	0 00
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$	0 00
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$	
THE PARTY OF THE P	*400 OD LEGO	\$	300 00
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING		1 '	0 00
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18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$	0 00
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$	0 00
20 TOTAL LOANS THIS PERIOD (SUM 18 19)		\$	0 00
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 14)	10 171.02.1.	\$	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$	0 00
	DESC (CLIMA 40 0 00)		6,950 00
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADI	JRESS (SUM 9 13 & 20)	\$	6,950 00



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NAME OF COMMITTEE

CITIZENS FOR TIM MEADOWS

CATE

8/28/2004

INSTRUCTIONS		
PURPOSE The purpose of the Contributions Received supplement it to provide a print (Contributions Received). This form should be used as additional space for reporting procommittee contributions. This form may be reproduced as needed.	-	, -
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Form CD 1	Itemized Contributions From	Any Attached Pages) on
If further information is needed concerning reporting itemized expenditures see Form C	D 1 Instructions	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE 3 NAME, ADDRESS AND OCCUPATION (LIST OMMITTEES FIRST)	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
NAME ADDRESS CITIZENS TO ELECT 139 3dams CITY/STATE 1958 during circle EMPLOYER arnold mo 63010 COMMITTEE	7/30/2004	\$ 300 00 MONETARY IN KIND
NAME ADDRESS othw t b ll CITY/STATE b ll t EMPLOYER t l m 63101 COMMITTEE	8/2/2004 \$ 0	\$ 200 00 MONETARY IN KIND
NAME ADDRESS stoll 2004 CITY/STATE pobox 603 EMPLOYER imperial mo 630_7 COMMITTEE	8/6/2004 \$ 0	\$ 300 00 MONETARY IN KIND
NAME ADDRESS bletmissouripic CHY/STATE 1934 windriver dr EMPLOYER Jeff city mo 65101 COMMITTEE	8/9/2004 \$ 0	\$ 300 00 MONETARY IN KIND
NAME ADDRESS rick johnson for speaker CHY/STATE pobox 143 EMPLOYER high ridge mc 63019 COMMITTEE	8/10/2004 \$ 0	\$ 300 00 MONETARY IN KIND
NAME ADDRESS m th t CITY/STATE pb 143 EMPLOYER h gh dg m 3049 COMMITTEE	8/10/2004 \$ 0	\$ 300 00 MONETARY IN KIND
IAME kjho 2004 DITY/STATE pob 143 MPLOYER hgh dg mo 63049 COMMITTEE	8/10/2004 \$ 0	\$ 300 00 MONETARY IN KIND
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TOTAL ITEMIZED CONTRIBUTIONS		
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NAME OF COMMITTEE CATE CITIZENS FOR TIM MEADOWS 8/28/2004 INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement i to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons or ntributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized ontributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions A ITEMIZED CONTRIBUTIONS RECEIVED 4 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN KIND) DATE 3 NAME, ADDRESS AND OCCUPATION (LIST CON MITTEES FIRST) NAME hbam pac \$ 200 00 ADDRESS 8/11/2004 215 e capitol ave CITY / STATE jeff city mo 6510 **✓** MONETARY EMPLOYER 0 COMMITTEE] IN KIND NAME se missouri building trades council **ADDRESS** 300 00 8/21/2004 pobox 1955 CITY / STATE cape girardeau mo 63702 **✓** MONETARY EMPLOYER \$ 0 IN KIND NAME teamsters local 688 pac account 300 00 ADDRESS 300 s grand 7/23/2004 CITY / STATE st louis mo 63103 **EMPLOYER** MONETARY \$ 0 Z COMMITTEE IN KIND NAME blue cross blue h eld of missouri ADDRESS 300 00 pobox 5035 8/21/2004 CITY / STATE thousand oaks ca 13 9 EMPLOYER MONETARY 0 ✓ COMMITTEE IN KIND NAME S T I P E N D t am ters 710 pac fund ADDRESS 300 00 4217 halsted str et 7/24/2004 CITY / STATE chicago il 60609 MONETARY EMPLOYER \$ ٥ ✓ COMMITTEE IN KIND NAME MATA p \$ ADDRESS 300 00 7/26/2004 CITY / STATE pob x 1792 jff tym 610 EMPLOYER MONETARY 0 ✓ COMMITTEE IN KIND NAME MATA p ADDRESS \$ 300 00 w t n mo 7/26/2004 CITY / STATE pobox 1792 7 ff ty m∩ 1(2 **EMPLOYER** MONETARY 0 Z COMMITTEE IN KIND NAME MATA p nt l mo ADDRESS \$ 300 00 7/26/2004 p box 1792 CITY / STATE j ff ty mo 65102 **EMPLOYER ✓** MONETARY \$ 0 COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD-1)



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NAME OF COMMITTEE DATE CITIZENS FOR TIM MEADOWS 8/28/2004 INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outlin for attaching additional pages to Form CD1 (Contributions Received) This form should be uiled as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures ee Form CD 1 Instructions A ITEMIZED CONTRIBUTIONS RECEIVED 4 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN KIND) DATE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME MATA pac \$ 300 00 ADDRESS 7/26/2004 pobox 1792 CITY / STATE neff city mo 65102 EMPLOYER ✓ MONETARY 0 COMMITTEE IN KIND NAME ADDRESS credit union pac 300 00 7/27/2004 2055 craigshire drive CITY / STATE st louis mo 6 1 6 EMPLOYER MONETARY \$ 0 COMMITTEE IN KIND NAME 200 00 dk governmental olutions llc \$ ADDRESS 121 courtfield d 7/29/2004 CITY / STATE ofallon mo 633(6 EMPLOYER MONETARY Λ Z COMMITTEE IN KIND NAME 1 of ADDRESS 250 00 1641 p pp f ry d 7/30/2004 CITY / STATE b l m 39532 EMPLOYER MONETARY 0 **Z** COMMITTEE IN KIND NAME Teamsters PAF 245 ADDRESS 300 00 1850 E Division St 8/26/2004 CITY / STATE Springfield mo 65803 MONETARY **EMPLOYER** \$ **COMMITTEE**] IN KIND NAME Murphy for Sheriff ADDRESS \$ 100 00 73ع9 Yates 8/24/2004 CITY/STATE St Louis MO 63116 **EMPLOYER** ✓ MONETARY 0 COMMITTEE IN KIND NAME Diekemper Hammond Shinners Turcotte and larrew ADDRESS \$ 300 00 7730 Carondelet suit 200 8/27/2004 CITY/STATE st louis MO (3105 **EMPLOYER** MONETARY \$ 0 COMMITTEE IN KIND NAME citizens to elect ray adams ADDRESS \$ 300 00 8/3/2004 1958 during circle CITY / STATE arnold mo 63010 EMPLOYER **✓** MONETARY \$ 0 **Z** COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE

INSTRUCTIONS ON REVERSE SIDE				
1 NAME OF COMMITTEE		2 REPORT DATE		
CITIZENS FOR TIM MEADOWS		3/28/2004		
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BE			4 AMOUNT PAID O	
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6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGE			+\$ 304	
7 TOTAL NON MEMIZED EXPENDITURES THIS PI RIOD (SUM 5+6			\$ 304	
B ITEMIZED EXPENDITURES ALL OVER \$100		TO PURPOSE (IF		
AND ALL PAYMENTS TO CAMPAIGN WORLERS	9 DATE	FAYMENT WAS TO A CAMPAIGN WORKER SHOW	11 AMOUNT THIS PER	RIOD
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NAME tim meadows	_	campaign/electi	\$ 	00
ADDRESS 1027 cantebury circ e mper al mo 6305	7/30/2004	s 0 00	PAID 200	-
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NAME tr o graphics		printing	7 PAID 239	10
ADDRESS 3620 jeffco	8/3/2004	 \$	INCURRED	
CITY/STATE		Ψ	\$	
NAME shop n save ADDRESS jeffco blvd	8/15/2004	campaign lunche	7 PAID 148	24
ADDRESS jeffco blvd CITY/STATE arnold mo 63010	0/10/2001	\$ 0.00	INCURRED	
MARKE		<u> </u>	\$	
the rock	8/26/2004	ad	√ PAID 175	00
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12 SUBTOTAL THIS PAGE (SUM COLUMN 11)			\$ 762	34
13 SUBTOTAL ANY ATTACHED PAGES				00
14 TOTAL ITEMIZED EXPENDITURES THIS PLRIOD (SUM 12 13)			\$ 762	
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 14)			\$ 1 066	
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 762	
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18 IF COMMITTEE MADE ANY IN KIND EXFENDITURES THIS PERIOR				00
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FO	ORM CD1B)		0	00
C MONETARY CONTRIBUTIONS MADE (REGARDLES	S OF AMOUNT)	21 DATE	22 AMOUNT	
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE				
NAME james country mercantile				
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CITY/STATE kimmswick mo		ļ	\$	
NAME jeff co democratic c ub			ĺ	
ADDRESS hillsboro c v c club		8/ 1/2004	\$ 400	00
CHYSTATE			 	
NAME committee to elect jeff roord	ia	8/ 4/2004		
CITY/STATE barnhart mo 63012			\$300	00
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)			\$ 765	00
24 SUBTOTAL ANY ATTACHED PAGES				00
25 TOTAL MONETARY CONTRIBUTIONS MADE 1HIS PERIOD (SUM	23 24)		\$ 765	00
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT			<u> </u>	00
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE TH)	\$ 765	
28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIO	DD LIST AMOUNT		\$ 0	00



MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY SUPPLEMENTAL FORM

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	DATE 8/28/2004	004		
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CL3 S CATEGORY OF EXPENDITURE	UP B)	AMOUNT PAID OF		
balloons		\$ 93	22	
campaign meeting luncheon		\$ 100	00	
campaign workers dinner		\$ 37	00	
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Missouri Ethics Commission COMMITTEE DISCLOSUFE REPORT COVER PAGE

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2 FULL NAME OF COMMITTEE					
CITIZENS FOR TIM MEADOWS					
3 COMMITTEE MAILING ADDRESS			4 COM	VITTEE TELEPHONE NU	JMBER
1027 CANTEBURY CURICLE					
CITY / STATE / ZIP			-	(636) 461 1217	
IMPERIAL MO 63052					
5 TREASURERS NAME					
EDWARD P POLSTER					
6 TREASURERS MAILING ADDRESS			7 TRLA	SURER'S TELEPHONE	NUMBER
2529 FOUNTAIN OAKS RD			HOME ((636) 337 7870	
CITY / STATE / ZIP			-		
DESOTO MO 63020			WORK		
8 DEPUTY TREASURERS NAME CHE	k IF NO DEPUTY TRE	ASURER			<u> </u>
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Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVER E IDE

NAME OF COMMITTEE

CITIZENS FOR TIM

MEADOWS

DATE OF OFFICE USE REPORT ONLY

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FORM CD1

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1 NAME OF COMMITTEE	2 REPORT DATE		
CITIZENS FOR TIM MEADOWS	9/30/2004		
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11 TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM	CD1A	\$	0 00
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NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS 9/30/2004 INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement i to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions A ITEMIZED CONTRIBUTIONS RECEIVED 5 AMOUNT RECEIVED 4 DATE RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN KIND) DATE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME p nt d to ty nd n ty ADDRESS 300 00 \$ pol f nd 9/7/2004 CITY / STATE 625 w t 39th t ty m 64111 EMPLOYER MONETARY 0 COMMITTEE IN KIND NAME ADDRESS hoisting engineers local 513 pol act fund 300 00 9/11/2004 3449 hollenberg dr CITY / STATE bridgeton mo 63014 EMPLOYER MONETARY 0 ✓ COMMITTEE IN KIND NAME teamsters drive pc fund JC 13 300 00 ADDRESS 161 weldon pkwy 9/17/2004 CITY / STATE maryland heights mo 63043 **✓** MONETARY EMPLOYER 0 Z COMMITTEE IN KIND NAME p t d wolf ll ADDRESS 100 00 206 w t g t 101 9/17/2004 CITY / STATE t lo mo 63112 ttv EMPLOYER MONETARY \$ 0 COMMITTEE IN KIND NAME mo state uaw cap ADDRESS 300 00 7021 dunn rd 9/23/2004 CITY / STATE st louis mo 63042 **✓** MONETARY **EMPLOYER** 0 Z COMMITTEE IN KIND NAME sprinkler fitters pol educ and leg comm **ADDRESS** 300 00 9/23/2004 1710 s broadway CITY / STATE st louis mo 63104 **EMPLOYER** MONETARY 0 COMMITTEE IN KIND NAME mo ab wholesalers pac ADDRESS 200 00 pobox 1708 9/23/2004 CITY / STATE pefferson city mo 65102 MONETARY **EMPLOYER** \$ 0 ✓ COMMITTEE] IN KIND NAME mo assoc of in financial advisors pac ADDRESS \$ 200 00 9/23/2004 pobox 1708 CITY / STATE jefferson city mo 65102 EMPLOYER **✓** MONETARY 0 Z COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



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CITIZENS FOR		9/30/2004	
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3 NAME, ADDRE	SS AND OCCUPATION (LIST (OMMITTE ES FIRST)	DATE	OR IN KIND)
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CITY / STATE	3325 j ll nb g dr t lo m 63044),23,2004	
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NAME			IN KIND
ADDRESS	1 1 n		\$ 100 00
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NAME	don ld h w ll 7		
ADDRESS	221 kd kt	9/23/2004	\$ 100 00
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ADDRESS	jeff co Labor pol (omm	İ	\$ 300 00
CITY / STATE	181 S Benedict	9/23/2004	J \$ 300 00
EMPLOYER	Pevely Mo 63049	1	MONETARY
✓ COMMITTEE		\$ 0	IN KIND
NAME	MO school Admin 17		
ADDRESS	MO school Admin FA 398 Dix rd suite 01	9/23/2004	\$ 100 00
CITY / STATE	Jefferson City Mo 65109	9/23/2004	
EMPLOYER COMMITTEE	<u>-</u>	\$ 0	MONETARY IN KIND
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ADDRESS	IntLU of Opt gfgn Lol 2 Vol Pol Aton F		\$ 100 00
CITY / STATE	2929 S J ff on v	9/23/2004	100 00
EMPLOYER	St L MO 63113	.	MONETARY
COMMITTEE		\$ 0	in Kind
NAME	MO Moderal Political action committee		
ADDRESS	MO Medical Political action committee POBox 1402	9/23/2004	\$ 300 00
CITY / STATE	Jefferson City MO 65102	3/23/2004	[77]
EMPLOYER COMMITTEE	-	\$ 0	MONETARY
NAME	775VA 11676VA 1167		I IN KIND
ADDRESS	sheet Metal Workers local 36 POL 1 duc acct		\$ 300 00
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CITIZENS FOR TIM MEADOWS	9/30/2004	
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EMPLOYER	lf mpl y d	 \$	0	MONETARY
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NAME ADDRESS	mo state trooper a so leg aact			\$ 100 00
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EMPLOYER	jefferson city MO 65101			MONETARY
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ADDRESS	op lodg 83 mwp		9/23/2004	\$ 75 00
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EMPLOYER COMMITTEE		\$	0	MONETARY IN KIND
NAME				1444412
ADDRESS	am p 2722 tmCrthy	1		\$ 300 00
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EMPLOYER	J ff on C ty MO 6 10	\$	0	MONETARY
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ADDRESS	laborors local 718 vol pol fund			\$ 300 00
CITY / STATE	pobox 132		9/23/2004	•
MPLOYER	depoto mo 630°0	\$	0	✓ MONETARY
COMMITTEE		μ	· · · · · · · · · · · · · · · · · · ·	IN KIND
NAME NDDRESS	Missouri Drive F nd			\$ 300.00
STATE	1850 E Division St		9/27/2004	300 00
MPLOYER	Springfield MO 6 803			MONETARY
COMMITTEE		\$	0	IN KIND
NAME	Machinists dist 9 pa]		
ADDRESS	12365 st charles rock rd		9/30/2004	\$ 200 00
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(Contributions R	purpose of the Contributions Received supplement in to provide a printe eceived). This form should be used as additional space for reporting per lbutions. This form may be reproduced as needed.				
Total all itemized Form CD 1	contributions at the bottom of the page and carry to item 7 (Subtotal It	emized Conti	ributions From	Any Attac	hed Pages) on
If further informa	tion is needed concerning reporting itemized expenditures see Form CD) 1 Instructio	ns		
A ITEMIZED CONT	RIBUTIONS RECEIVED	4 DATE	RECEIVED	5 AMO	JNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS (IVING				CK IF MONETARY
	0 TO A COMMITTEE	AGGI	REGATE TO DATE		OR IN KIND)
NAME, ADDRES	S AND OCCUPATION (LIST (OMMITTI ES FIRST)		DATE		
ADDRESS	gas workers local 5 6 vol pol act comm			\$	200 00
CITY / STATE	7550 olive blvd	9/:	11/2004	*	
EMPLOYER	st louis mo 63130	,,			MONETARY
COMMITTEE		\$	0		IN KIND
NAME		-		1	
ADDRESS	IBEW local 1439pac Fund	9/1	11/2004	\$	300 00
CITY / STATE	2121 59th st	3/-	11/2004	l	
EMPLOYER	st Louis MO 63110	\$	0	<u>Z</u>	MONETARY
COMMITTEE				 	IN KIND
NAME	T mt Un on 795			r	300 00
ADDRESS CITY / STATE	DRIVE POL ACT COMM	9/3	13/2004	\$	300 00
EMPLOYER	49 1 na wtht KS 67210	1	•	177	MONETARY
Z COMMITTEE		\$	0		IN KIND
NAME				 ==	
ADDRESS	CWA Dist 6 Pol Edu Comm	1		 \$	200 00
CITY / STATE	10820 Sunset Offic Dr suite 101	9/1	14/2004	1	
EMPLOYER	St Louis MO 6 1 7	 \$			MONETARY
COMMITTEE		Ψ	0		IN KIND
NAME	House Constal Dame (and le				
ADDRESS	House Capitol Demo (ircle POBox 832	0/1	L5/2004	\$	300 00
CITY / STATE	Jefferson City MO 65102	3/1	13/2004		
EMPLOYER		\$	0	144	MONETARY
COMMITTEE NAME				 	IN KIND
ADDRESS	CWA dis 6 pol educ comm			\$	100 00
CITY/STATE	10820 sunset office suite 101	9/1	L6/2004	Ι Ψ	100 00
EMPLOYER	st louis mo 63127	_			MONETARY
COMMITTEE		\$	0		IN KIND
NAME					
ADDRESS	ray salva for state rep	1 0/2	- / D = 0.4	\$	200 00
CITY / STATE	11422 east park t sugar creek mo (40 4	9/3	15/2004		
EMPLOYER	bagar creek mo (40 4	 \$	0	🖳	MONETARY
COMMITTEE		 		 	IN KIND
NAME	MBA Gateway Regional PAC			•	200.00
ADDRESS CITY / STATE	207 East Capitol ave	9/2	27/2004	\$	300 00
EMPLOYER	Jefferson City MO 65101	1] [77	MONETARY
COMMITTEE		\$	0		IN KIND
	CONTRIBUTIONS				
(CARRY	TO ITEM 7 SUBTOTAL ITE MIZED CONTRIBUTIONS FROM ANY ATTAC	HED PAGES	ON FORM CE) 1)	
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NAME OF COMMIT	TEE	ICATE	
CITIZENS FOR		9/30/2004	
INSTRUCTION			
	e purpose of the Contributions Receiv≀d supplement i to provide a print Received) This form should b∈u ed is additional spice for reporting pe		
	tributions. This form may be reproduced as needed.	and contributing more the	an wrote and to
	d contributions at the bottom of the page and carry to item 7 (Subtotal	temized Contributions From	Any Attached Pages) on
Form CD 1			
If further inform	ration is needed concerning reporting itemized expenditures, see Form C	D 1 Instructions	
A ITEMIZED CON	TRIBUTIONS RECEIVED	1 DATE RECEIVED	5 AMOUNT RECEIVED
FROM COMMIT	TEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING		(CHECK IF MONETARY
	00 TO A COMMITTEE	AGGREGATE TO DATE	OR IN KIND)
<u>3 NAME, ADDRES</u> NAME	SS AND OCCUPATION (LIST (OMMITTI ES FIRST)	———————	
ADDRESS	Teamsters 10cal 107 PAC		\$ 100 00
CITY/STATE	2845 South Hampton Fd	9/28/2004	Ψ = 233 33
EMPLOYER	Philadelphia PA 1/154		MONETARY
COMMITTEE		\$ 0	IN KIND
NAME			
ADDRESS	Mo Correctional Of icers Assoc	0/00/2004	\$ 150 00
CITY / STATE	1103 R Southwest Blvd	9/28/2004	· ·
EMPLOYER	Jefferson City Mo 65109	\$ 0	MONETARY
COMMITTEE		\$ 0	IN KIND
NAME	Hammaha Outsut and	i	300.00
ADDRESS	Harrahs Operating 1023 Cherry rd	9/30/2004	\$ 300 00
CITY / STATE	Memphis Tn 38117	3,30,2001	
EMPLOYER	Temphio III Scii	\$ 0	MONETARY
OMMITTEE			IN KIND
ADDRESS	Gvm t ff mm	1	\$ 200 00
CITY / STATE	tl hpt N t on 1 l t t 3245 hmpt v	9/30/2004	φ 200 00
EMPLOYER	t L Mo 6313		MONETARY
COMMITTEE		\$ 0	IN KIND
NAME			
ADDRESS	AGC of st louis 1AC		\$ 200 00
CITY / STATE	6330 KMOX industrial di	9/30/2004	
MPLOYER	st Louis MO 6313)	\$ 0	MONETARY
✓ COMMITTEE		Ψ · · · · · · · · · · · · · · · · · · ·	☐ IN KIND
NAME	tormateur level 141		1 _
ADDRESS	teamsters local 543 4501 Van brunt	8/30/2004	\$ 300 00
CITY / STATE	Kansas City mo 611 0	0,30,2001	ļ <u></u>
MPLOYER	indicate of the contract of th	\$ 0	MONETARY
COMMITTEE			IN KIND
IAME IDDDEES	chipp political func		\$ 300.00
NDDRESS CITY / STATE	1401 hampton 3rd floor	8/30/2004	300 00
MPLOYER	st louis mo 6313)		MONETARY
COMMITTEE		\$ 0	IN KIND
IAME			1171110
ADDRESS	STIPEND T m 710 p	0.44.4000	\$ 300 00
CITY / STATE	4217 th h 1 t d	9/1/2004	1
MPLOYER	h g 1 60609	1 • •	MONETARY
Z COMMITTEE		\$ 0	IN KIND
TOTAL ITEMIZE	D CONTRIBUTIONS		
			L
(CARRY	TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	CHED PAGES ON FORM CE	O 1)



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The state of the s			
NAME OF COMMIT	TEE	CATE	
CITIZENS FOR	TIM MEADOWS	9/30/2004	
INSTRUCTION	S		
(Contributions	e purpose of the Contributions Received supplement (to provide a printed Received) This form should be used as additional space for reporting perscributions. This form may be reproduced as needed.	—	
Total all itemize Form CD 1	ed contributions at the bottom of the page and carry to item 7 (Subtotal Iter	mized ontributions From	Any Attached Pages) on
If further inform	nation is needed concerning reporting itemized expenditures see Form CD	1 instructions	
	TRIBUTIONS RECEIVED	DATE RECEIVED	5 AMOUNT RECEIVED
MORE THAN \$1	TEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING 00 TO A COMMITTEE SS AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN KIND)
NAME			
ADDRESS	electr cal worker vol political educa and leg fund 5850 eli abeth	9/2/2004	\$ 300 00
CITY / STATE	st lou s mo 63110]	
EMPLOYER COMMITTEE		\$ 0	MONETARY IN KIND
NAME		-	
ADDRESS	mo state council firefighters pac 6320 manchester su te 41a	9/2/2004	\$ 200 00
CITY / STATE	6320 manchester su te 41a kansas city mo 641 3		
EMPLOYER COMMITTEE	Kansas City mo of the	\$ 0	MONETARY IN KIND
NAME	***************************************		I LINKIND
ADDRESS	drive for kansas		\$ 300 00
CITY / STATE	1231 nw eugene	9/2/2004	*
EMPLOYER	topeka ks 66608		MONETARY
Z COMMITTEE		\$ 0	IN KIND
NAME	7-17-1 V-14-14-14-14-14-14-14-14-14-14-14-14-14-		
ADDRESS	fwl 188 mtt fl	0/2/0004	\$ 150 00
CITY / STATE	300 othg d	9/3/2004	1
EMPLOYER	t lo mo 63103	\$ 0	MONETARY
COMMITTEE		Ψ	IN KIND
NAME	brewers and malster benecolent assoc		
ADDRESS	3650 wisconsin aze	9/4/2004	\$ 300 00
CITY / STATE	st louis mo 63118	3/4/2004	
EMPLOYER		\$ 0	MONETARY
AME		<u> </u>	IN KIND
ADDRESS	st louis polic leadership org		\$ 100 00
CITY / STATE	3460 hampton suite 106	9/16/2004	\$ 100 00
MPLOYER	st louis mo 63139		MONETARY
COMMITTEE		\$ 0	IN KIND
NAME			I IN KIND
ADDRESS	m tth 1 b m 11940 moo 1 d wood 1		\$ 100 00
CITY/STATE	11940 moo l d wood l t l mo 63146	9/16/2004	100 00
MPLOYER	lf mplydpolt lo lt t		MONETARY
COMMITTEE		\$ 0	IN KIND
IAME	33		
DDRESS	dk govrnment solutions 11c	9/16/2004	\$ 200 00
ITY / STATE	212 courtfield drive ofallon mo 63366	7/10/2004	
MPLOYER	OLGITOR IIIO 03300	\$ 0	MONETARY
✓ COMMITTEE		Ψ	IN KIND
TOTAL ITEMIZE	ED CONTRIBUTIONS		
4	TO (TCM = 0)1040-1, 12-111-1		
(CARRY	TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACH	IED PAGES ON FORM CD	1)



MISSOURI ETHICS COMMISSION FUND RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C031240

REPORT DATE

9/30/2004

	STATEMENT OF FUND RAISING ACTIVITY OR IVENT				
1 NAME AND ADDRESS OF CANDIDA CITIZENS FOR TIM MEADOWS	TE OR COMMITTEE FOR WHOM FUNDS WERE RAISED				
2 LOCATION OF ACTIVITY OR EVENT Robert E Lee Riverboat Kimmswick MO 63051	NAME AND ADDRESS				
3 DESCRIPTION OF ACTIVITY OR EVE social gathering with fo	ent and fund-raising methods used bod and crinks		· •••		
4 DATE OF ACTIVITY OR EVENT 9/23/2004 5 NUMBER OF PARTICIPANTS 200	6 NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT Robert E Lee Riverboat Kimm wick MO 65101			_	
RECEIPTS FROM ACTIVITY OR EVENT		$\overline{\top}$	7 AMOUN		
	R LESS PER PER ON) FROM PEFSONS WHOSE NAMES AND ADDRESSES	\$			00
	ER ONS WHOSE NAME AND ADDRESSI S ARE CONTAINED IN COMMITTEE	\$	6 5		
GROSS RECEIPTS FROM ACTIVIT	TY OR EVEN (SUM 8 AND 9)	\$	6 5	10	00
11 EXPLAIN WHY NAMES AND ADDRE	SSES OF LESSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED				
12 INDIVIDUAL EXPENDITURES MADE	FOR ACTIVITY OR EVENT		13 AMOUN	4T	
fundraiser		\$	٩	75	00
		\$			
		\$			
		\$	<u>-</u> -		
14 TOTAL EXPENDITURES MADE FOR	ACTIVITY OR EVENT	s	9	75	00



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MISSOURI ETHICS COMMISSION			}	
EXPENDITURES AND CONTRIBUTIONS N	MADE			
INSTRUCTIONS ON REVER E IDE				
1 NAME OF COMMITTEE		2 REPORT DATE		
CITIZENS FOR TIM MEADOWS	,	/30/2004		
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BE				UNT PAID OR
3 CATEGORY OF EXPENDITURE	2011)		INCURRE	D THIS PERIOD
View Supplemental Form(s)			\$	
view Supplemental Foliates				
			\$	
5 SUBTOTAL NON ITEMIZED EXPENDITURES HIS PAGE (SUM CO			\$	0 00
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGE			+ \$	157 70
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 6	<u>)</u>	10 PURPOSE (IF	\$	15/ 70
B ITEMIZED EXPENDITURES ALL OVER \$100	9 DATE	FAYMENT WAS TO A	11 44011	NT THIS PERIOD
AND ALL PAYMENTS TO CAMPAIGN WORKERS 8 NAME AND ADDRESS OF RECIPIENT	9 DATE	CAMPAIGN WORKER SHO	ow III AMOON	41 THIS PERIOL
NAME AND ADDRESS OF REGISTERS		AGGREGATE PAID)	s	
ADDRESS	li		PAID	
CITY/STATE		 \$	INCUI	RRED
NAME			\$	11120
ADDRESS View Supplemental Form(s)			PAID	
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CITY/STATE		15	INCUF	RRED
NAME			\$	
ADDRESS			PAID	
CITY / STATE		18	INCUF	RRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)			\$	0 00
13 SUBTOTAL ANY ATTACHED PAGES			+ \$	15 254 92
14 TOTAL ITEMIZED EXPENDITURES THIS PER OD (SUM 12 13)			\$	15 254 92
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 14)			\$	15 412 62
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$	15 254 92
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD)		\$	0 00
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD	LIST AMOUNT		\$	0 00
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FO	RM CD1B)		\$	0 00
C MONETARY CONTRIBUTIONS MADE 'REGARDLES	S OF AMOUNT)			
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE		21 DATE	22 /	AMOUNT
NAME				
ADDRESS View Supplemental Form(s)			ļ	
CITY / STATE			 \$	
NAME			 	
ADDRESS				
CITY/STATE			\$	
NAME				
ADDRESS			İ	
CITY / STATE			 \$	
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)			\$	0 00
24 SUBTOTAL ANY ATTACHED PAGES			+ \$	78U UU
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SLIM	23 24)		\$	780 00
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT			\$	0 00
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE TH	IS PERIOD (SUM 25	26)	\$	780 00
28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIO	D LIST AMOUNT		\$	0 00
	·	-		FORM CD3



MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY SUPPLE MENTAL FORM

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	DATE 9/30/	2004	
EXPENDITURES OF \$100 OR LFS' BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORMERS IN SECTION B ON FORM CD3 OR USE FORM CD CATEGORY OF EXPENDITURE	3 SUP B)		INT PAID OR D THIS PERIOD
campaign meeting		\$	33 00
balloons		\$	20 04
office supplies		\$	81 51
postage		\$	13 65
campaign photo		\$	€ 50
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TOTAL ITEMIZED EXPENDITURES THIS PAGE			
(CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)		\$	



MISSOURI ETHICS (OMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FOR W

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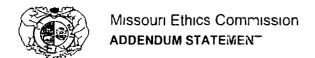
C. SEPAL-P				
			REPORT DATE 9 30/2004	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS NAME AND ADDRESS OF RECIPIENT		DATE	PL RPOSE (IF PAYMENT VAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME ADDRESS CITY / STATE	ph 11 p 6 M S PO 1924 J ff C Y M	/27/2004	millers 0 00	PAID 10 000 00
NAME ADDRESS CITY / STATE	tr o graph cs jeffco blvd arnold mo 63010	9/30/2004	pr n ing 0 00	\$ 134 04 INCURRED
NAME ADDRESS CITY/STATE	Robert E Lee Riverboat Kimmswick MO 63051	9/30/2004	fundraiser	\$ 975 00 PAID 975 00 INCURRED
NAME ADDRESS CITY/STATE	tr o graph cs jeffco blvd arnold mo 63010	9/9/2004	printing 0 00	PAID 231 60 INCURRED
NAME ADDRESS CITY/STATE	petty cash	9/11/2004	pe ty cash \$ 0 00	PAID 300 00
NAME ADDRESS CITY/STATE	us postal service	9/14/2004	po tage	\$ PAID 111 00
NAME ADDRESS CITY/STATE	media magic hillsboro mo 63050	9/20/2004	county flyer	\$ PAID 1 000 00
NAME ADDRESS CITY/STATE	tc custom print ng 4558 Dakota Trail st louis mo 63304	9/20/2004	advertising shi	\$ PAID 289 34
NAME ADDRESS CITY/STATE	tr o graph cs jeffco blvd arnold mo 63010	9/24/2004	printing 0 00	PAID 2 011 88
NAME ADDRESS CITY/STATE	shop n save jeffco blvd arnold mo 63010	9,26/2004	ranpaign canvas	PAID 202 06
NAME ADDRESS CITY / STATE			\$	PAID INCURRED
NAME ADDRESS CITY / STATE			\$	PAID INCURRED
NAME ADDRESS CITY / STATE			\$	\$ PAID INCURRED
NAME ADDRESS CITY / STATE			\$	\$ PAID INCURRED
NAME ADDRESS CITY/STATE			\$	\$ PAID INCURRED
TOTAL ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)				\$



MISSOURI ETHICS COMMISSION CONTRIBUTIONS MADE SUPPLEMENTAL FORM

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NAME OF COMMITTEE DATE CITIZEN FOR TIM MEADOWS 9/30/2004 MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) DATE AMOUNT NAME AND ADDRESS OF CANDIDATE OR COMMITTEE HOPE NAME -Brian Leffler ADDRESS 9 11/2004 CITY/STATE Gerald MO 150 00 \$ Miller County Democrats NAME **ADDRESS** 9/18/2004 100 00 CITY / STATE \$ Friends to Elect Boyer for Sheriff NAME ADDRESS 9 25/2004 CITY / STATE 75 00 David s Fundrai er St NAME Tenbrooke Rd 9,26/2004 ADDRESS CITY/STATE Arnold MO 63010 \$ 105 00 Committee to Elect (laire McCa kill NAME ADDRESS 9/25/2004 CITY / STATE 200 00 \$ Citizens to Elect owell 2004 NAME 9/29/2004 ADDRESS 150 00 CITY / STATE \$ NAME ADDRESS CITY / STATE NAME ADDRESS CITY / STATE \$ NAME ADDRESS CITY / STATE \$ NAME ADDRESS CITY / STATE \$ NAME ADDRESS CITY / STATE \$ NAME ADDRESS CITY / STATE \$ TOTAL ITEMIZED MONETARY CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25 SUBTOTAL AN) ATTACHED PAGES ON FORM CD 3) \$



MLC	ID NO	C031240	
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INSTRUCTIONS ON REVERSE SIDE

PURPOSE Form Ad	sea, ed bluods mubnebl	d or e planation of	any add	tonal r	format	on net ded l	to complete an	accurate fling of the	nis report
redeposited	check#350	1/29/04	for	31	80	that	never	cleared	bank

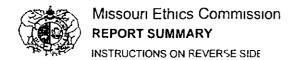
MO 300- 804 (0 -02)



Missouri Ethics Commission

1 DATE OF REPORT OFFICE USE ONLY

COMMITTEE DISCLOSURE REPOR	10/22/2004			
MEC ID NO	31240			
INSTRUCTIONS ON REVERSE SIDE				
2 FULL NAME OF COMMITTEE				
CITIZENS FOR TIM MEADOWS				
3 COMMITTEE MAILING ADDRESS	4 COMMITTEE TELEPHONE NUMBER			
1027 CANTEBURY CURICLE				
CITY / STATE / ZIP	(636) 461 1217			
IMPERIAL MO 6305				
5 TREASURER S NAME				
EDWARD P POLSTER				
6 TREASURER'S MAILING ADDRESS	7 TR!_ASURERS TELEPHONE NUMBER			
2529 FOUNTAIN OAKS RD	⊢OME (36) 337 7870			
CITY / STATE / ZIP	vORh			
DESOTO MO 63020				
8 DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY	TREASURER			
CAROLYN MEADOWS				
9 DEPUTY TREASURER'S MAILING ADDRES"	10 DE PUTY TREASURER'S TELEPHONE NUMBER			
1027 CANTEBURY CIRCLE IMPERIAL MO 6305	OME (636) 461 1217			
	WORK			
	OF ELECTION (CHECK CNE)			
11/2/2004	O PRIMARY O GENERAL O SPECIAL			
13 TIME PERIOD COVERED BY THIS STATEMENT				
FROM 10/1/2004	THROUGH 10/21/2004			
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AN	15 TYPE OF REPORT			
POLITICAL PARTY	15 DAYS AFTER CAUCUS NOMINATION			
TIM MEADOWS	COMMITTEE QUARTERLY REPORT			
1027 CANTEBURY IMPERIAL MO 63052	☐ Jan 15 ☐ Apr 15 ☐ Jul 15 ☐ Oct 15 ☐ B DAYS BEFORE			
	30 DAYS AFTER ELECTION			
(636) 461 1217				
STATE REPRESENTATIVE DISTRICT 101	TERMINATION (AT ACH FORM CO 3)			
	SEMIANNUA DEBT REPORT Jan 15 Jul 15			
	ANNUAL SUPPLE MENTAL JAN 15			
	15 DAYS AFTER PE ITION DEADLINE			
CHECK IF INCUMBENT	OTHER			
_	MAMENDING PREVIOUS REPORT DATED			
REPUBLICAN DEMOCRAT				
16 COMMITTEE TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)			
I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER	CERTIFY THAT THIS R_PORT COMPRISED OF THIS COVER			
PAGE AND ALL ATTACHED FORMS IS (OMPLETE TRUE AND ACCURATE	PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE			
ELECTPONICALLY FILED O t 22 2004 36PM IREASURER'S SIGNATURE	CANDIDATES SIGNATURE			
THE POURTING SIGNATURE	I LANDONALES SULVATORE			



NAME OF COMMITTEE
CITIZENS FOR TIM
MEADOWS

DATE OF REPORT OFFICE USE ONLY

10/22/20

_													
	RECEIPTS	A	. THI	PERIOD	E	B THIS ELI	ECTION	STATEMENT OF BIGINNING AND ENDING					
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED				\$	13 6	65 80]	FINANCIAL CONE				
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$		475 20	,				MONEY ON HA	ND			
3	ALL LOANS RECEIVED THIS PERIOD	+ \$	S	0 01	,								
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$	3	0 00	,			25	MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING		20	455	
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A 3A 4A)	s	(475 20)				FUNDS IN DE OSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	Ф.	20	455	50
6	IN KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$;	0 00	,			26	MONETARY R CEIPTS THIS PERIOD	- t	1.0	475	2.0
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A 6A)	\$	1.6	5 475 20					(FROM ITEM)	т.р.	Tρ	475	20
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$		0 00				27	MONETARY D SBURSEMENTS MADE THIS PERIOD (SUM 11 17 24)	¢	1 (222	5
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B 7A 8A)				\$	30 1	41 00) D burseme ts By Check \$ b) D burs m ts By Ca h \$	Ψ.	Τ0	333	20
	EXPENDITURES	Α	THS	PERIOD	В	THIS FLE	CTION	28	28 MONEY ON H AND AT THE CLOSE OF THIS REFORTING PERIOD (SUM 25 26 27)		2 ∩	597	E 0
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED				\$	15 4	12 62				20	391	50
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$	4	1 79(50				INDERTERMECE					
12	IN KIND EXPENDITURES MADE THIS PERIOD	+ \$		0 00				INDEBTEDNESS					
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$		0 00				29	OUTSTANDING INDEBTEDNESS AT THE	\$		^	0.0
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A 12A 13A)	\$	14	796 50		· · · · · · · · · · · · · · · · · · ·			BEGINNING O THIS PERIOD			0	00
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B 14A)				\$	30 2	09 12	30	LOANS RECEIVED THIS PERIOD	+ \$		^	00
Г	CONTRIBUTIONS MADE	Α	HIS	PERIOD	В	THIS ELE	CTION		LOANS RECEIVED THIS PERIOD	тФ		0	00
16	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED				\$	7	80 00	31		+ \$		^	
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$		536 70		•			NEW DEBIS HICUTRED INISPERIOD	тф		U	00
18	ALL IN KIND CONTRIBUTIONS MADE THIS	+ \$		0 00				32	PAYMENTS M/ DE ON LOANS THIS	•		_	
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A 18A)	\$	1	536 70					PERIOD	\$		0	00
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B 19A)				\$	2 3	16 /0	33	CREDITS RECEIVED ON LOANS THIS	¢		^	
	OTHER DISBURSEMENTS	А	7HI5	f ERIOD	В	THIS ELE	CTION		PERIOD	\$		O	00
		+ \$		0 00				34	PAYMENTS MADE THIS PERIOD ON	\$		^	00
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MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED

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OFFICE USE ONLY

		
1 NAME OF COMMITTEE	2 REPORT DATE	
CITIZENS FOR TIM MEADOWS	10/22/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	**************************************	(CHECK IF
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6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00
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8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 7)		\$ 15 050 00
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS HONETARY CONTRIBUTIONS		\$ 15 050 00
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 0.00
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11 TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM	1 CD1A	\$ 0.00
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS (IVING \$100 OR LESS		\$ 1 425 20
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MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED SUPPLEMENTAL

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NAME OF COMMITTEE DATE CITIZENS FOR TIM MEADOWS 10/22/2004 INSTRUCTIONS PURPOSE The purpose of the Contributions Kei rived supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be uiled as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions A ITEMIZED CONTRIBUTIONS RECEIVED 5 AMOUNT RECEIVED 4 DATE RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN KIND) DATE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME MATAPAC 300 00 ADDRESS \$ E t n P POBOX 1792 10/2/2004 CITY / STATE C ty MO 6510 J ff **MONETARY EMPLOYER** 0 IN KIND NAME MATAPAC \$ 300 00 ADDRESS PAC 10/2/2004 CITY / STATE POBOX 1792 J ff on C ty MO 6510 MONETARY EMPLOYER \$ O או אוו 🛚 NAME MATAPAC \$ 300 00 ADDRESS C nt l PAC 10/2/2004 CITY / STATE POBOX 1792 MONETARY C ty MO 6510 **EMPLOYER** \$ 0 Z COMMITTEE IN KIND NAME MATAPAC ADDRESS 300 00 10/2/2004 POBOX 1792 CITY / STATE Jefferson City Mo 65102 **EMPLOYER** ✓ MONETARY \$ 0 ✓ COMMITTEE IN KIND NAME MISSOURI NEA PAC ADDRESS 300 00 1810 East Elm St 10/4/2004 CITY / STATE JEfferson City MO 65101 MONETARY **EMPLOYER** \$ 0 IN KIND Z COMMITTEE NAME Sprint of Mo PAC ADDRESS 300 00 POBOX 1024 10/9/2004 CITY / STATE Jefferson City MO 65102 MONETARY EMPLOYER Ð ✓ COMMITTEE וא אוו [NAME Teamsters 688 PAC \$ ADDRESS 300 00 300 S Grand 10/9/2004 CITY / STATE St Louis Mo (3103 **EMPLOYER** MONETARY \$ COMMITTEE IN KIND NAME Iocal 610 Pol Act on Co m F nd \$ ADDRESS 300 00 10/9/2004 11472 Schenk Dr CITY / STATE Maryland Heights Mo 63043 **EMPLOYER** MONETARY 0 COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 SUBTOTAL ITEMI ED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED SUPPLEMENTAL

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NAME OF COMMITTEE DATE CITIZENS FOR TIM MEADOWS 0/22/2004 INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outlin for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Fom CD 1 If further information is needed concerning, eporting itemized expenditures, see Form CD 1 Instructions A ITEMIZED CONTRIBUTIONS RECEIVED 4 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN KIND) DATE 3 NAME, ADDRESS AND OCCUPATION (LIST (OMMITTEES FIRST) NAME m t Lo 1 60) \$ 300 00 ADDRESS DRIVE PAC 10/12/2004 CITY / STATE 141 W ldon PKWy M yl d H ght MONETARY **EMPLOYER** S $\mathbf{0}$ IN KIND NAME ADDRESS Teamsters Local 41 PAF \$ 300 00 10/12/2004 4501 Emanuel Cleaver Blvd CITY / STATE Kansas City MO 64130 EMPLOYER MONETARY \$ 0 Z COMMITTEE IN KIND NAME 300 00 Rock Labor club \$ ADDRESS 0/12/2004 POBOX 31 CITY / STATE Eureka MO 6302 **MONETARY** EMPLOYER \$ 0 ✓ COMMITTEE IN KIND NAME Greene Co Demo Central Comm ADDRESS 300 00 0/13/2004 1907 South Stewart Ave CITY / STATE Springfield MO 6 804 EMPLOYER MONETARY \$ 0 Z COMMITTEE IN KIND NAME PFEM PAC **ADDRESS** 300 00 6100 Madison Ave 10/13/2004 CITY / STATE St Louis Mo 63134 MONETARY **EMPLOYER** \$ Ω Z COMMITTEE IN KIND NAME Local 682 PAC lund ADDRESS 300 00 10/13/2004 7530 Elizabeth Ave CITY / STATE St Louis MO 63110 **EMPLOYER** MONETARY Ω **Z** COMMITTEE IN KIND NAME Wholesale Eqty Devepmt Crp ADDRESS \$ 300 00 One Busch Place 10/13/2004 CITY / STATE St Louis MO 63118 **EMPLOYER** MONETARY \$ COMMITTEE IN KIND NAME Sea Wo ld INC \$ ADDRESS 300 00 0/13/2004 One Busch Place CITY / STATE St Louis Mo 63118 **EMPLOYER** MONETARY \$ 0 ✓ COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECLIVED SUPPLEMENTAL

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NAME OF COMMITTEE 10/22/2004 CITIZENS FOR TIM MEADOWS INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement into provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons or intributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions A ITEMIZED CONTRIBUTIONS RECEIVED 4 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN KIND) DATE NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME M Tm S1 200 00 \$ ADDRESS 1808 So thw t v 10/14/2004 CITY / STATE POBOX 104445 J ff on C ty MO 6 110 EMPLOYER MONETARY 0 Z COMMITTEE IN KIND NAME ADDRESS Realtors PAC MO 300 00 10/14/2004 POBOX 30635 CITY / STATE Columbia MO 65205 **✓** MONETARY EMPLOYER \$ 0 IN KIND COMMITTEE NAME 300 00 Eastern MO Laborer Educ and Benevolent Fund \$ ADDRESS 3550 Hollenberg Dr 10/13/2004 CITY / STATE Bridgeton MO 63044 MONETARY EMPLOYER \$ Ω IN KIND NAME 78th Dist Leg Demo Comm ADDRESS 3 000 00 10/13/2004 1960 Acorn Trail CITY / STATE Florissant MO 63031 **EMPLOYER** MONETARY S O IN KIND NAME Mo Assoc of Nurses Anesthetists PAC ADDRESS 150 00 16141 Swingley Ridge Road Suite 110 10/13/2004 CITY / STATE Chesterfield MO **EMPLOYER** MONETARY 0 Z COMMITTEE IN KIND NAME 19th Demo Sen Comm ADDRESS 3 000 00 10/14/2004 POBOX 555 CITY / STATE Columbia MO 65 0 EMPLOYER MONETARY Q COMMITTEE IN KIND NAME MO AFL CIO COPE ADDRESS 200 00 227 Jefferson St 10/14/2004 CITY / STATE Jefferson City MO 65101 **EMPLOYER** MONETARY \$ 0 COMMITTEE IN KIND NAME Womens Demo Club of Jeff to **ADDRESS** \$ 300 00 0/15/2004 POBOX 100 CITY / STATE Hillsboro MO 63050 MONETARY **EMPLOYER** \$ 0 **Z** COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)

MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECFIVED SUPPLEMENTAL

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NAME OF COMMITTEE FATE CITIZENS FOR TIM MEADOWS 10/22/2004 INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons or attributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting Itemized expenditures, see Form CD 1 Instructions A ITEMIZED CONTRIBUTIONS RECEIVED 1 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN KIND) DATE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST). NAME HOLCIM US INC 200 00 ADDRESS St G v 10/15/2004 2942 US HWY 61 CITY / STATE Bloo d 1 MO 63627 MONETARY EMPLOYER 0 [7] COMMITTEE] IN KIND NAME ADDRESS MO Teachers Assoc leg Imp COMM 300 00 10/15/2004 POBOx 458 CITY / STATE Columbia MO 65'0 MONETARY EMPLOYER \$ 0 **Z** COMMITTEE IN KIND NAME 3rd Cong Didt Demo Comm 300 00 ADDRESS \$ 10/15/2004 2017 So Grand Blvd CITY / STATE St Louis Mo 6310 ± MONETARY EMPLOYER \$ O Z COMMITTEE IN KIND NAME St Louis Labor Council AFL CIO Project 2000 ADDRESS 300 00 0/16/2004 1401 Hampton CITY / STATE St Louis MO 631 9 **EMPLOYER ✓** MONETARY \$ 0 Z COMMITTEE IN KIND NAME A ht t 1 M t l d G1 ADDRESS Lo 1513 PAC F nd 300 00 0/16/2004 CITY / STATE 5916 W l o A St. Lo Mo 63110 MONETARY **EMPLOYER** \$ 0 Z COMMITTEE] IN KIND NAME 110th DEMO Leg Comm ADDRESS 800 00 10/16/2004 POBox 96 CITY / STATE Hillsboro MO 63050 **EMPLOYER** MONETARY 0 **Z** COMMITTEE IN KIND NAME Ameristar Casino St Charles ADDRESS \$ 300 00 1260 S Main St 0/18/2004 CITY / STATE St Charles MO 63 01 **EMPLOYER** MONETARY \$ 0 **Z** COMMITTEE IN KIND NAME Ameristar Casino Kan as City **ADDRESS** \$ 300 00 0/18/2004 POBox 33480 CITY / STATE Ransas Cily Mo 41 0 EMPLOYER MONETARY 0 Z COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION **EXPENDITURES AND CONTRIBUTIONS MADE** INSTRUCTIONS ON REVERSE SIDE

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18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES (HIS PERIOD	LICT ANOUNT		\$	0 00
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5 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23	3 24)	4	\$	1 536 70
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MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

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NAME OF COL	MMITTEE R TIM MEADOWS		REPORT DATE 10/22/2004	
ITEMIZ AND AL	ED EXPENDITURES ALL OVER \$100 L PAYMENTS TO CAMPAIGN WORKERS DORESS OF RECIPIENT	DATE	PURPOSE (IF PAYMENT V AS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME ADDRESS CITY / STATE	rock newspaper arnold MO 63010	10/20/2004	ad	\$ 600 00 PAID INCURRED
NAME ADDRESS CITY / STATE	st louis labor tribune st louis mo	10/21/2004	ad \$ 000	\$ 748 00 PAID 1NCURRED
NAME ADDRESS CITY/STATE	office depot 6263 south Lindbergh St Lous Mo 63123	10/21/2004	office supplies	\$ PAID 267 71 INCURRED
NAME ADDRESS CITY/STATE	TC Custom p nt ng 4558 Dakota Trail St Charles MO 63304	10/21/2004	advertisement 0 00	\$ 381 00 PAID INCURRED
NAME ADDRESS CITY / STATE	Jefferson County Journal Festus MO 63028	10/22/2004	ad \$ 000	\$ PAID 1 416 37 INCURRED
NAME ADDRESS CITY/STATE	campa gn 1027 cantebury c rcle 1mperial mo 63052	10/4/2004	letty cash	\$ paid 500 00 INCURRED
NAME ADDRESS CITY/STATE	jefferson county labor pack hallsboro mo 630,0	10/11/2004	po. age for mai	\$ 200 00 DINCURRED
NAME ADDRESS CITY / STATE	dd media 8315 drury nd pkwy st louis MO 63114	10/10/2004	ad \$ 000	\$ PAID 2 000 00 INCURRED
NAME ADDRESS CITY/STATE	us postal service imperial mo 63052	10/15/2004	pos age	PAID 111 00 INCURRED
NAME ADDRESS CITY / STATE	st lou s presort inc 5051 southwest ave St Lou s MO 63110	10/15/'004	mailing 0 00	\$ PAID 3 989 04 INCURRED
NAME ADDRESS CITY / STATE	best buy south lindbergh st Louis Mo 63125	10/17/2004	off ce computer \$ 0 00	\$ PAID 2 831 68 INCURRED
NAME ADDRESS CITY / STATE	leader publication festus Mo 63028	10/20/2004	ad \$ 0 00	\$ PAID 1 670 00 INCURRED
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MISSOURI ETHICS (OMMISSION CONTRIBUTIONS MADE SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE DATE CITIZENS FOR TIM MEADOWS 10/22/2004 MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) DATE AMOUNT NAME AND ADDRESS OF CANDIDATE OR COMMITTEE NAME Pam Moss ADDRESS flowers 10/20/2004 CITY / STATE 36 70 \$ Rauls for Treasure: NAME ADDRESS Raintree Plantation 10/16/2004 200 00 CITY/STATE Hillsboro Mo 630 0 \$ Committee to Elect Fd Kemp NAME Byrnes Mill MO ADDRESS 10/16/2004 CITY / STATE 200 00 \$ NAME Committee to Elect Pat Lamping ADDRESS Barnhart MO 10/16/2004 CITY / STATE 200 00 \$ Foc C-6 Educational Foundation NAME ADDRESS Arnold MO 63010 10/19/2004 CITY / STATE 100 00 \$ Wings of Hope NAME ADDRESS 18590 Edison 10/18/2004 800 00 CITY/STATE Chesterfield Mo 63005 \$ NAME ADDRESS CITY / STATE \$ NAME ADDRESS CITY / STATE \$ NAME **ADDRESS** CITY / STATE \$ NAME **ADDRESS** CITY / STATE \$ NAME ADDRESS CITY / STATE \$ NAME ADDRESS CITY / STATE \$ TOTAL ITEMIZED MONETARY CONTRIBUTIONS VADE THIS PAGE (CARRY TO ITEM 25 SUBTOTAL ANY ATTA(HED PAGES ON FORM CD 3) \$

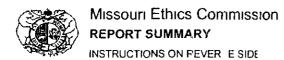


Missouri Ethics Commission

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1 DATE OF REPORT OFFICE USE ONLY

COMMITTEE DISCLOSURE REPORT	I 11/29/2004 I
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INSTRUCTIONS ON REVERSE SIDE	
2 FULL NAME OF COMMITTEE	**************************************
CITIZENS FOR TIM MEADOWS	
3 COMMITTEE MAILING ADDRESS	4 COMMITTEE TELEPHONE NUMBER
1027 CANTEBURY CURICLE	16261 461 1217
CITY / STATE / ZIP	(636) 461 1217
IMPERIAL MO 63052	
5 TREASURER S NAME	
EDWARD P POLSTER	
6 TREASURER'S MAILING ADDRESS	7 TREASURER'S TELEPHONE NUMBER
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13 TIME PERIOD COVERED BY THIS STATEMENT	
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14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME	15 TYPE OF REPORT
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TIM MEADOWS	COMMITTEE QUARTI RLY REPORT
1027 CANTEBURY IMPERIAL MO 63052	☐ Jan 15 ☐ Apr 15 ☐ Jul 15 ☐ Oct 15 ☐ 8 DAYS BEFORE
(636) 461 1217	✓ 30 DAYS AFTER ELECTION
	TERMINATION (ATTACH FORM CO 3)
STATE REPRESENTATIVE DISTRICT 101	
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6 COMMITTEE TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)
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NAME OF COMMITTEE

CITIZENS FOR TIM

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3 ALL LOANS RECEIVED THIS PERIOD	+ \$	0 00				MONETONTA			
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	+ \$	0 00			35	TOTAL INDEBT! DNESS AT THE CLOSE OF THIS REPORTING PERIOD	\$	Ω	00
TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A 22A 23A)	\$	0 00			SUM 29 30 31 32 33 34)			00	



MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED INSTRUCTIONS ON REVERS SIDE

OFFICE USE ONLY

#*·		1
1 NAME OF COMMITTEE	2 REPORT DATE	
CITIZENS FOR TIM MEADOWS	1/29/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
MORE THAN \$100 TO A COMMITTEE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN KIND)
NAME		<u> </u>
ADDRESS	ļ	\$
CITY/STATE View Supplemental Form(s)		·
EMPLOYER	•	
COMMITTEE	\$	☐ IN KIND
NAME		
ADDRESS		\$
CITY / STATE		
EMPLOYER	\$	MONETARY
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CITY / STATE		
EMPLOYER CONTURBED	\$	MONETARY
COMMITTEE	<u> </u>	L IN KIND
NAME		 \$
ADDRESS		Φ
CITY / STATE EMPLOYER		MONETARY
COMMITTEE	\$	IN KIND
NAME		L. J IIV KIND
ADDRESS		S
CITY / STATE		Ι Ψ
EMPLOYER	_	☐ MONETARY
COMMITTEE	5	IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)	,	\$ 0.00
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+\$ 5 765 00
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 7)		\$ 5 765 00
9 AMOUNT OF ITEM 8 THAT WAS RECEIZED AS MONETARY CONTRIBUTIONS	······································	\$ 5 765 00
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS	<u></u>	6
B NON ITEMIZED CONTRIBUTIONS RECEIVED		→ 0 00 TNUOMA
(LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		RECEIVED
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED INLINE 8 ON FORM	CD A	\$ 0.00
12 TOTAL ANONYMOUS CONTRIBUTIONS RECHIVED FROM PERSON GIVING \$75 OR LESS		\$ 0.00
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS	-1	\$ 50.00
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) CIVING	\$100 OR LESS	\$ 0.00
C LOANS RECEIVED	16 DATE	17 AMOUNT OF LUAN
15 NAME AND ADDRESS OF LENDER	RECEIVED	(IF MORE TH \$ 00 TTACH CD-1B)
NAME		TIACH CD-(B)
ADDRESS		
CITY / STATE		 \$
NAME		
ADDRESS		
CITY/STATE		\$
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES	-	\$ 0.00
20 TOTAL LOANS THIS PERIOD (SUM 18 19)		\$ 0.00
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 14)	,	\$ 0.00
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 5,815 00
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & AD	DRESS (SUM 9 13 & 20)	\$ 5 815 00
	···	FORM CD1



INSTRUCTIONS

MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED SUPPLEMENTAL

F	FI	C	Е	u	SE	O	Νt	Y.

NAME OF COMMITTEE DATE
CITIZENS FOR TIM MEADOWS 11/29/2004

PURPOSE The purpose	of the Contributions Releived supplement i	to provide a printed outline for attaching addition	al pages to Form CD1
(Contributions Received)	This form should be u ed as additional sp	ace for reporting persons contributing more than \$	100 and for
committee contributions	This form may be reproduced as needed		

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1

If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instr. ctions

if turther information is needed concerning reporting itemized expenditures, see Form CD 1 instr. ctions						
A ITEMIZED CONTRIBUTIONS RECEIVED 5 AMOUNT RECEIVED 5 AMOUNT RECEIVED						
1	FEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING TO A COMMITTEE	AGGREGATE TO	(CHECK IF MONETARY			
1	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN KIND)			
NAME			 			
ADDRESS	94th House District Demo Committee		\$ 300 00			
CITY / STATE	825 Cheviot Ct	10/25/2004				
EMPLOYER	St Louis Mo 63122	.	MONETARY			
COMMITTEE		\$ 0	IN KIND			
NAME			T			
ADDRESS	The 5th Sen Dist Dumo Committee	10/25/2004	\$ 300 00			
CITY / STATE	810 Ann Ave	10/23/2004				
EMPLOYER	St Louis MO 6 104	\$ 0	MONETARY			
COMMITTEE		<u> </u>	☐ IN KIND			
NAME	7-55 0- 2 0 0					
ADDRESS	Jeff Co Demo Cen Comm 110 Main St	0/25/2004	\$ 300 00			
CITY / STATE	Festus MO 63028	0/25/2004				
EMPLOYER	rescus no 03020	\$ 0	MONETARY			
COMMITTEE			IN KIND			
NAME	St Louis 7th Ward Democrats					
ADDRESS	1200 Allen Market In Apt 403	0/25/2004	\$ 300 00			
CITY / STATE	St Louis Mo 63104	i i	[[Z] MONETARY			
EMPLOYER COMMITTEE		 \$ 0	MONETARY IN KIND			
NAME			IN KIND			
IADDRESS	15th Sen Dist Demo Committee		\$ 300.00			
CITY / STATE	33 N Maple	L0/25/2004	300 00			
EMPLOYER	St Louis MO 6 119		MONETARY			
COMMITTEE		\$ 0	IN KIND			
NAME			IN TRINE			
ADDRESS	Jean Carnahan IAc	}	\$ 300.00			
CITY / STATE	POBOX 920	10/25/2004	• 300 00			
EMPLOYER	Rolla Mo 65402		MONETARY			
COMMITTEE		\$ 0	IN KIND			
NAME			 			
ADDRESS	22nd Sen Demo (omm		\$ 2 90 00			
CITY / STATE	1957 Hirchwood Dr	0/5/004				
EMPLOYER	Barnhart MO 6301	· -	MONETARY			
СОММІТТЕЕ		\$ 0	IN KIND			
NAME						
ADDRESS	NE Jeff Co Demo Club	0/25/2004	\$ 250 00			
CITY / STATE	3428 Rockwood Forest Ct Arnold Mo 63010	0/25/2004				
EMPLOYER	WINOIG MO 020ID	\$ 0	MONETARY			
COMMITTEE			☐ IN KIND			
TOTAL ITEMIZE	D CONTRIBUTIONS					

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECLIVED SUPPLEMENTAL

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NAME OF COMMIT		CATE	
CITIZENS FOR T		11/29/2004	
INSTRUCTIONS			
(Contributions R	purpose of the Contributions Received supplement in to provide a printed Received). This form should be used as additional space for reporting persubutions. This form may be reproduced as needed.		
Total all itemized Form CD 1	d contributions at the bottom of the page and carry to item 7 (Subtotal Ite	mized Contributions From i	Any Attached Pages) on
	ation is needed concerning reporting itemized expenditures see Form CD	1 Instructions	
A ITEMIZED CONT	TRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
	TEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING		(CHECK IF MONETARY
	00 TO A COMMITTEE	AGGREGATE TO	OR IN KIND)
	S AND OCCUPATION (L ST COMMITTLES FIRST)	DATE	
NAME	Credit Union PAC Comm		\$ 300 00
ADDRESS CITY / STATE	2055 Craigshire Dr	10/25/2004	30000
EMPLOYER	St Louis Mo 63146		I I MONETARY
COMMITTEE		\$ 0	MONETARY
NAME			L IN KIND
NAME ADDRESS	m h l Cl rk		\$ 300 00
ADDRESS CITY / STATE	3624 B lg d St	10/25/2004	Φ 300 00
EMPLOYER	Phldlph PA 19134 IBT Whngto DC		MONETARY
COMMITTEE		\$ 0	IN KIND
NAME			
ADDRESS	23rd Dist Demc Legi lative Comm		\$ 125 00
CITY / STATE	POBOX 555	10/25/2004	*
EMPLOYER	Columbia MO 65205		MONETARY
COMMITTEE		\$ 0	IN KIND
NAME	40.401		
ADDRESS	MPTA/PAC	2/25/2004	\$ 100 00
CITY/STATE	130 YMCA DR STE 1200	0/26/2004	
EMPLOYER	Festus MO 63028	\$ 0	MONETARY
✓ COMMITTEE		φ υ	IN KIND
NAME	CDC NO Day DAC		
ADDRESS	SBC MO Emp PAC One SBC Center	0/27/2004	\$ 300 00
CITY/STATE	St Louis MO 63141	0/27/2004	
EMPLOYER	00 1100110 110 00111	\$ 0	MONETARY
COMMITTEE		T	IN KIND
NAME	Healthlink Inc		P 200 00
ADDRESS JIY/STATE	1.113 Olive Blvd	10/27/2004	\$ 300 00
EMPLOYER	St Louis Mo (314)		MONETARY
COMMITTEE		\$ 0	IN KIND
NAME			L ON WORLD
ADDRESS			\ \$
CITY / STATE			1 4
EMPLOYER			MONETARY
COMMITTEE		\$	IN KIND
NAME		 	<u> </u>
ADDRESS			\$
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MPLOYER			MONETARY
COMMITTEE		\$	☐ IN KIND
TOTAL ITEMIZE	D CONTRIBUTIONS		
(CARRY	TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACH	HED PAGES ON FORM CD	1)



MISSOURI ETHICS COMMISSION **EXPENDITURES AND CONTRIBUTIONS MADE** INSTRUCTIONS ON REVERSE SIDE

OF ICE USE ONLY
4 AMOUNT PAID OR INCURRED THIS PERIOD
\$

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 1/29/2004		
A EXPENDITURES OF \$100 OR LESS BY CATEGORY		1/25/2001	4 AMOUNT PAID OR	
	(LIST PAYMENTS TO CAMPAIGN WORKERS IN SI CTION B BELOW)			
3 CATEGORY OF EXPENDITURE	CATEGORY OF EXPENDITURE			
View Supplemental Forn ()			\$	
			\$	
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COL	UMN 4)	· · · · · · · · · · · · · · · · · · ·	\$ 0.00	
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGE		·	+\$ 168 37	
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 6)			\$ 168 37	
B ITEMIZED EXPENDITURES ALL OVER \$100		10 PURPOSE (IF	100 37	
AND ALL PAYMENTS TO CAMPAIGN WORKERS	9 DATE	FAYMENT WAS TO A CAMPAIGN WORKER SHOW	11 AMOUNT THIS PERIOD	
8 NAME AND ADDRESS OF RECIPIENT		AGGREGATE PAID)		
NAME	•		\$	
ADDRESS			PAID	
CITY / STATE		\$	☐ INCURRED	
NAME			\$	
ADDRESS View Supplemental Form(s)			PAID	
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CITY / STATE		 \$	INCURRED	
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)			\$ 0.00	
13 SUBTOTAL ANY ATTACHED PAGES			+\$ 17 283 00	
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 13)			\$ 17 283 00	
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 14)			\$ 17 451 37	
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 17 283 00	
7 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		······································	\$ 0.00	
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD	LIST AMOUNT		\$ 0.00	
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FOR	M CD1B)		\$ 0.00	
MONETARY CONTRIBUTIONS MADI (REGARDLESS	OF AMOUNT)		†	
	·	21 DATE	22 AMOUNT	
0 NAME AND ADDRESS OF CANDIDATE OF COMMITTEE				
NAME				
ADDRESS View Supplemental Form(s)			l _e	
CITY / STATE			\$	
NDDRESS				
DITY/STATE			 \$	
NAME	·····		 	
ADDRESS		İ		
CITY / STATE			l \$	
3 SUBTOTAL THIS PAGE (SUM COLUMN 22)			\$ 0.00	
4 SUBTOTAL ANY ATTACHED PAGES			+\$ 1 099 15	
5 TOTAL MONETARY CONTRIBUTIONS MADI THIS PERIOD (SUM 2	3 24)		\$ 1 099 15	
6 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT			\$ 0 00	
7 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS	PERIOD (SUM 25 2	26)	\$ 1 099 15	
8 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD		· · · · · · · · · · · · · · · · · · ·	\$ 0 00	
			1+ 000	



MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS DATE 11/29/2004				
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B) CATEGORY OF EXPENDITURE		AMOUNT PAID OR INCURRED THIS PERIOD		
canvaser food		\$	48 84	
office supply		\$	25 45	
canvaser food		\$	34 00	
post campaign meeting		\$	60 08	
		\$		
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	·····	\$		
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	71-17-0 > 111-11-11-11-11-11-11-11-11-11-11-11-11	\$		
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TOTAL ITEMIZED EXPENDITURES THIS PAGE				
(CARRY TO ITEM 13 SUBTOTAL AN) ATTA HED PAGES ON FORM CD 3)		\\$		



MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

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NAME OF CO	MMITTEE OR TIM MEADOWS	REPORT DATE 11/29/2004	<u> </u>	
ITEMIZ AND AL	LED EXPENDITURES ALL OVER \$100 L PAYMENTS TO CAMPAIGN WORKERS DDRESS OF RECIPIENT	DATE	PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME ADDRESS CITY/STATE	Lt Robert E Lee on the river K mmsw ck MO 63053	11/2/2004	election day wo	PAID
NAME ADDRESS CITY/STATE	Shop N Save 1253WaterTowerPlace Arnold Mo 63010	10/23/2004	feed campaign w \$ 0 00	\$ 32 46 PAID INCURRED
NAME ADDRESS CITY/STATE	h 11 p 631 POB 1924 J ff C y M 65 02	10/25/2004	Ma lers 0 00	PAID 5 000 00
NAME ADDRESS CITY/STATE	Pr o Graph cs 3620Jeffco Arnold Mo 63010	10/26/2004	printing 0 00	\$ 497 52 INCURRED
NAME ADDRESS CITY/STATE	Off ce Max 4106 Lemay Ferry Rd St Louis Mo 63129	10/27/2004	office supply	PAID 116 05
NAME ADDRESS CITY/STATE	McCarthy Sp ce Co 6757 Ol ve St Louis Mo 63130	10/28/2004	ad ertisement 0 00	\$ PAID 620 00 INCURRED
NAME ADDRESS CITY/STATE	JP Promot onal 1040 Autumn Oaks Dr Imper al Mo 63052	10/28/2004	advertisement 0 00	PAID 2 032 90 INCURRED
NAME ADDRESS CITY / STATE	Old House Steak Hou e 2nd and Elm K mmsw ck MO 63053	10/28/2004	ampaign advert	\$ PAID 400 00
NAME ADDRESS CITY/STATE	Lt Robert E Lee on the river K mmsw ck MO 63053	10/28/2004	ambaign meetin	PAID 123 00 INCURRED
NAME ADDRESS CITY / STATE	Home Depot 3865 Vogel Rd Arnold MO 63010	10/29/2004	poles for signs \$ 0 00	\$ PAID 125 04 INCURRED
NAME ADDRESS CITY / STATE	petty cash	11/1/2004	election day po	PAID 333 00
NAME ADDRESS CITY / STATE	shop n save 12 3watertowerplace arnold mo 63010	11/1/2004	amuaign canvas	PAID 163 06 INCURRED
NAME ADDRESS CITY / STATE	Verizon W reless POBOX 790406 St Lou s Mo 63179	11/2/2004	campaign cell p	PAID 489 88
NAME ADDRESS CITY/STATE	Robert E Lee on the r ver K mmsw ck mo 63053	11/2/2004	campaign worker	\$ PAID 179 89 INCURRED
NAME ADDRESS CITY / STATE	st lou pre ort 5051 Southwest st louis mo 63110	11/11/2004	mail advertisem 0 00	PAID 1 539 08 INCURRED
TOTAL ITE	\$			



MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

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NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS			REPORT DATE	
			11/29/2004	
ITEMIZI	ED EXPENDITURES ALL OVER \$100	DATE	PURPOSE (IF PAYMENT V AS TO A CAMPAIGN	
AND ALL	. PAYMENTS TO CAMPAIGN WORKERS		WORKER SHOW	AMOUNT THIS PERIOD
NAME AND AD	DRESS OF RECIPIENT		AGGREGATE PAID)	
NAME	lt robert e lee		and the same for a	, \$
ADDRESS	on the r ver	11/3/2004	gift cert for o	PAID 3 000 00
CITY / STATE	k mmsw ck mo 63053	11/5/2001	\$ 00	INCURRED
NAME	, This is a second of the seco			1¢
ADDRESS	ver on w reless pobox 790406	11/27/2004	campaign cell	PAID 219 71
CITY / STATE	st louis mo 63179	11/2//2004	\$ 00	
			\$ 00	O INCURRED
NAME	camille la vie		in ugural expen	349 41
ADDRESS	428 s co cntrway st lou s mo 63129	11/27/2004		PAID 347 41
CITY / STATE	St lou s mo 63129		[\$ 0 0	0 INCURRED
NAME				 \$
ADDRESS				PAID
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NAMÉ			 	\$
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NAME				\$
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TOTAL ITEM	IIZED EXPENDITURES ALL OVER \$100 AND ALL F	PAYMENTS TO CAMPAIGN		
	RRY TO ITEM 13 SUBTOTAL ANY AFTACHED PA			_e
(CAR	[\$			

MISSOURI ETHICS (OMMISSION CONTRIBUTIONS MADE SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE DATE CITIZENS FOR TIM M ADOWS 11/29/2004 MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) DATE AMOUNT NAME AND ADDRESS OF CANDIDATE OR COMMITTEE NAME mo state trooper assn ADDRESS pobox 263 1(/27/2004 CITY/STATE boliver mo 65613 106 15 \$ fox high school student council NAME ADDRESS 745 jeffco blvd 1 /9/2004 CITY/STATE arnold mo 63010 100 00 \$ wings of hope NAME 18590 edison ADDRESS 11/20/2004 CITY/STATE chesterfield mo 63005 715 00 \$ citizens to elect mark powell 2004 NAME ADDRESS 1981 fairview 11/23/2004 CITY/STATE arnold mo 63010 150 00 \$ mo right to life NAME 2249 so brentwood blvd ADDRESS 11/27/2004 CITY/STATE st louis mo 63144 28 00 \$ NAME ADDRESS CITY / STATE NAME ADDRESS CITY / STATE \$ NAME ADDRESS CITY / STATE \$ NAME ADDRESS CITY / STATE \$ NAME **ADDRESS** CITY / STATE \$ NAME ADDRESS CITY / STATE \$ NAME ADDRESS CITY / STATE \$ TOTAL ITEMIZED MONETARY CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3) \$